MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11210

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 4 Months 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 16X-2
STREET ADDRESS (If rural give location) 2307 Crest Lawn Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Foust (Last) Adams

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 4, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 8 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Westmoreland County Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ellis Adams

14. MOTHER'S MAIDEN NAME: Christina Foust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WWI & WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Nellie Adams Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval Between Onset And Death: 4 Months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease — several years

DUE TO

(c)

443X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1953, to Nov. 28, 1953, that I last saw the deceased alive on Nov. 28, 1953, and that death occurred at 4:10 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. L. FLECK, LCDR, MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. November 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF November 30, 1953

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR November 30 1953

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS

Lee Funeral Home, 4th. & Massachusetts Ave., N.E., Washington, D.C.

VS-15

RECEIVED
DEC 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11211

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CEDARCROFT SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Wash., D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wash DC
STREET ADDRESS (If rural, give location): 2310 Conn. Ave, N. W. Apt 506

3. NAME OF DECEASED (Type or Print): (First) Minna (Middle) Schwartze (Last) Adams

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Unknown

9. AGE last birthday: About 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred W. Schwartze

14. MOTHER'S MAIDEN NAME: Minna (Last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ------

17. INFORMANT AND ADDRESS: Mrs. Crete S. Same as above Hutchinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) " Arteriosclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1953, to Nov 11, 1953, that I last saw the deceased alive on Nov 11, 1953, and that death occurred at 10:05 P m., from the causes and on the date stated above.

SIGNATURE: Richard B. Thibadeau M.D. (Degree or title) ADDRESS: Cedarcroft Sanitarium, Silver Spring Maryland — DATE SIGNED:

23. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF: 11/13/53. — NAME OF ~~CEMETERY~~ OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REG.: Nov 12 1953 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: W.W. Chambers Co. — ADDRESS: 3072-M St NW Wash., D.C.

RECEIVED
NOV 16 1933
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11212

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 18 hrs + 36 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 139 Ritchie Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Armstead

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1953

5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11/23/53
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 18 Min. 36

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bennie Armstead
14. MOTHER'S MAIDEN NAME: Mattie Lou Witte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776 X
Immediate cause (a) Prematurity (Twin) — Interval Between Onset And Death: 18 hours 36 minutes
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 2 —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/24, 1953, to 11/24, 1953, that I last saw the deceased alive on 11/24, 1953 and that death occurred at 3:45 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Maynard I. Cohen, M.D. ADDRESS 2412 Colston Dr, Silver Spring, Md DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 26 Nov. '53
NAME OF CEMETERY OR CREMATORY Suburban Hospital
LOCATION (City, town, or county) (State) Bethesda, Md.
DATE REC'D BY LOCAL REGISTRAR 11/28/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Amelia Manry Carter Supt. per A.S.B. ADDRESS

21 X 3284241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-15

RECEIVED
NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11213

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 5 yrs 5 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CEDARCROFT SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Canada — COUNTY: Nova Scotia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sydney, Cape Breton
STREET ADDRESS (If rural, give location): 296 George Street

3. NAME OF DECEASED (Type or Print): (First) Christina (Middle) Maddin (Last) Atkinson

4. DATE OF DEATH: (Month) Nov (Day) 26 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar 29, 1872 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Irland — 12. CITIZEN OF WHAT COUNTRY? Canada

13. FATHER'S NAME: William Maddin

14. MOTHER'S MAIDEN NAME: Mary Anne Schean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Pearl A. Guba, Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) " Arteriosclerosis — Interval Between Onset and Death: ?

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1948, to Nov 26, 1953, that I last saw the deceased alive on 11-26, 1953 and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Richard B. Thibadeau M.D. — ADDRESS: Cedarcroft Sanitarium, Silver Spring, Md. — DATE SIGNED: 11-26-53

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION — DATE THEREOF: 11-28-53 — NAME OF CEMETERY OR CREMATORY: FT LINCOLN CREMATORY — LOCATION (City, town, or county): COLMAR MANOR — (State): MD.

DATE REC'D BY LOCAL REG.: 11-27-53 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Wm. H. Hines Co — ADDRESS: 2901 14th St. N.W. D.C.

RECEIVED
DEC 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11214

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1512 Gleason St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1512 Gleason St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Perry (Last) Baker

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-26-1886

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transportation Specialist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Birdie Baker (wife) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Grant J. Rosenhart	M.D.	Gaithersburg Md	11-8-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/53	National Memorial Park	Falls Church Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-9-53	Frances Potter	S. H. Hines Co. 2901 14th St. N.W. Washington D.C.

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RECEIVED
NOV 13 1953
BUREAU V. S.

1215

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Fairfax
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Alexandria
STREET ADDRESS (If rural, give location) Telegraph Road.

3. NAME OF DECEASED: (Type or Print) (First) Peyton (Middle) Thomas (Last) Ballenger

4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 20, 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Horse dealer.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Peyton Rowe Ballenger
14. MOTHER'S MAIDEN NAME: Cora Lee Dewey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none.
17. INFORMANT & ADDRESS: Mary Louise Ballenger Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 825 X

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Subdural hemorrhage and cerebral laceration	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Comminuted fracture base skull	12 "
	DUE TO (c)	Auto accident [illegible]	12 "

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt. 240
21c. (City or town) (County) (State) Mt. Kirtheding Monty Md
21d. TIME OF INJURY (Month) Nov (Day) 26 (Year) '53 (Hour) 3:45 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? [illegible] in auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial
DATE THEREOF 11/27/53
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Alexandria, Va
DATE REC'D BY LOCAL REG. 11/27/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS B. Wheatley Funeral Home Alexandria, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville X
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Petersburg
STREET ADDRESS (If rural give location) 2745 - 2nd Ave South

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thackeray (Last) Bannerman
4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 13, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Veterans Admin
11. BIRTHPLACE (State or foreign country): Aberdeen Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Bannerman
14. MOTHER'S MAIDEN NAME: Katherine Thackeray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Graeme C. Bannerman 105 Williamsburg Ave. Silver Spring Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 33/X (a) Cerebral Vascular Accident — Interval Between Onset And Death 7 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — Years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1953, to Nov. 23, 1953 that I last saw the deceased alive on Nov 23, 1953, and that death occurred at 1:38 pm from the causes and on the date stated above.

SIGNATURE John S. Rogers (Degree or title) MD ADDRESS 1919 Seminary Rd Silver Spring Md DATE SIGNED Nov. 23 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-25-53 NAME OF CEMETERY OR CREMATORY Cedar Hill Cem LOCATION (City, town, or county) Prince George's Co (State) Md.
DATE REC'D BY LOCAL REGISTRAR 11-24-53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2[illegible]-14 St. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
NOV
BUREAU V. S.

11217

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY V
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1300 Madison N.W.

3. NAME OF DECEASED: (Type or Print) (First) Gordon (Middle) Stanley (Last) Barber
4. DATE OF DEATH: (Month) (Day) (Year) 11 - 27 1953
5. SEX: Male
6. COLOR OR RACE: Race
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-28-88
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Asst Chief of Construction & Repairs
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Earl W Barber
14. MOTHER'S MAIDEN NAME: Melinda Speers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Coronary Thrombosis with Myocardial infarction DUE TO	3 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Bronchopneumonia DUE TO	2 days
	(c) Congestive Heart Failure & Auricular fibrillation	2 days
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26 ,1953, to 11-27 , 1953 that I last saw the deceased alive on 11-27 1953 and that death occurred at 10:35 AM from the causes and on the date stated above.
SIGNATURE (Degree or Title) Jerred through J. Broschart, M.D. ADDRESS Takoma Park 12, Md. Mont Co. DATE SIGNED 11-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 29 1953
NAME OF CEMETERY OR CREMATORY Forest Home Cemetery
LOCATION (City, town, or county) (State) Milwaukee, Wisconsin

DATE REC'D BY LOCAL REGISTRAR NOV 27 1953
REGISTRAR'S SIGNATURE J. Nelson Deal
24. FUNERAL DIRECTOR Joseph Gawler Sons
ADDRESS 1756 Pa. Ave. N.W. WASH D.C.

VS. A1B

BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1918

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Kentucky — COUNTY: Caldwell
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Paducah
STREET ADDRESS (If rural give location): 423 Monroe Street

3. NAME OF DECEASED: (First) James (Middle) (None) (Last) Barnes
4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: March 3, 1920
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR: Months 8 Days 1 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy
11. BIRTHPLACE (State or foreign country): Princeton, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Cornealius R. Barnes
14. MOTHER'S MAIDEN NAME: Monnie M. Stewart
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother: Monnie M. Barnes Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — Interval Between Onset And Death: 3+ yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1953 to Nov. 4, 1953, that I last saw the deceased alive on Nov. 4, 1953, and that death occurred at 2:37 PM, from the causes and on the date stated above.

Signature: A.E. Maryland, Jr. (Degree or title) A.E. MARYLAND, JR., LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED November 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial — DATE THEREOF: November 6, 1953 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Princeton, Kentucky

DATE REC'D BY LOCAL REGISTRAR: November 5, 1953 — REGISTRAR'S SIGNATURE: Ewell Whittington

24. FUNERAL DIRECTOR: R.A. Pumphrey Funeral Home — ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland.

VS. 115

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10402 Barrie Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10402 Barrie Ave

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Hobart (Last) Barr

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-13-1897
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Citizens Administration
10b. KIND OF BUSINESS OR INDUSTRY DC
11. BIRTHPLACE (State or foreign country) Ind
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John A. Barr
14. MOTHER'S MAIDEN NAME Martha Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Imogene Barr (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) MD. ADDRESS Gaithersburg Md DATE SIGNED 11-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 6, 1953
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR The S.H. Hines Co, 2901-14th St. W. Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

BHAVAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11220

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9303 Sutton Place X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 9303 Sutton Place

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELIZABETH JOSEPHINE BATEMAN

4. DATE OF DEATH: (Month) (Day) (Year) November 19 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 9, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Limestone, New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael Maroney
14. MOTHER'S MAIDEN NAME: Rose Quinn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Earl A. Swenson, 9303 Sutton Place, Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) cerebral thrombosis — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cerebral arteriosclerosis — 6 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1953, to Nov 19, 1953 that I last saw the deceased alive on Nov 18, 1953 and that death occurred at 8:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) D B Washington MD. ADDRESS 6234 Galwe N W Wash DC DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/23/53
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Nov 22/53
REGISTRAR'S SIGNATURE [illegible] Potter
24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

Items13&14 FilmG159 12/4/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. DC COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) KATIE (Middle) E (Last) BAUGHMAN
4. DATE OF DEATH: (Month) NOV (Day) 19 (Year) 1953

5. SEX: 7
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov. 18, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana 12
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harmon Lovett
14. MOTHER'S MAIDEN NAME: Margaret Meneley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: A.M. McLachlen, Jr. — 5703 Wilson Lane Bethesda, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

Immediate cause (a) abdominal hemorrhage — Interval Between Onset And Death: 3 hours

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) (Mesenteric thrombosis) — Ruptured aortic aneurysm — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951, to 19 Nov., 1953, that I last saw the deceased alive on 19 Nov., 1953, and that death occurred at 12 45 P.M. from the causes and on the date stated above.

SIGNATURE Herbert Martyn Jr. (Degree or title) M.D. ADDRESS 5029 Bethesda Ave. Bethesda DATE SIGNED 19 Nov 53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 11/21/53 NAME OF CEMETERY OR CREMATORY Fort Lincoln LOCATION (City, town or county) Hyattsville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 11/20/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Joseph Lawler Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8825 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 8825 Bradley Blvd.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WARD (Last) BAYLOR

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11, 1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 5 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. E. Baylor

14. MOTHER'S MAIDEN NAME: Eva Thompson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Eleanor Baylor-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.2

Immediate cause (a) Ulcerative Colitis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: c. 25 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1953, to Nov. 25, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 4:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles L. Halley M.D. ADDRESS 915-19 4½ St. N.W. DATE SIGNED Nov 25 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-30-53 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 11/26/53 REGISTRAR'S SIGNATURE Rosalie M. Thompson 24. FUNERAL DIRECTOR Robert A. Sumphrey ADDRESS Bethesda, Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 223

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunnyside Nursery Home 708 Phila. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. Of Col. COUNTY ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 2720 17th Street, Northeast ✓

3. NAME OF DECEASED: (Type or Print) (First) MAY (Middle) C. (Last) BEALL

4. DATE OF DEATH: (Month) Nov. (Day) 27th, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/21/1886

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months 10 Days 6
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Litchfield, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: --

14. MOTHER'S MAIDEN NAME: --

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: N.E.-Wash.D.C. Mr. Beall (Husband) 2720 17th Street,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver, chronic atrophic, DUE TO alcoholic with acute exacerbation. — Interval Between Onset And Death 10½ yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized with aortitis — 7 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1943 to 11-27, 1953, that I last saw the deceased alive on 11-26, 1953, and that death occurred at 2:10 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas A. Wildman, M.D. ADDRESS 3729 Morrison St. N.W. Wash. D.C. DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/1/53 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR NOV. 27 1953 | REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR ADDRESS MARTIN W. HYSONG CO. 1300 N. Street, N.W.-WASH. 5, D.C.

VS. 115

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE, 18~~ 24

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Poolesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Montgomery COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Poolesville
STREET ADDRESS (If rural give location) R.F.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) ANN (Last) BEETHAM
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 6, 1953 19
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: Feb. 6, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Month 9 Day 0 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: ? Baithwaite
14. MOTHER'S MAIDEN NAME: Hanna Wood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Edward Beetham- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate 443X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

		Interval Between Onset And Death
(a) DUE TO	Hypertensive heart disease	2 years.
(b) DUE TO	Chronic glomerular nephritis	10 years
(c)	Arteriosclerosis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952 to 6 Nov, 1953, that I last saw the deceased alive on 6 Nov, 1953, and that death occurred at 7:30 AM from the causes and on the date stated above.

SIGNATURE John S. Fawcett (Degree or title) M.D. ADDRESS Boyd Md. DATE SIGNED 7 Nov. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 9, 1953
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 11/7/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215

RECEIVED
NOV
BUREAU V. S.

Item 8, Film G160, 12/4/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 N. Adams Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 107 N. Adams Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Evelyn W. Bowman

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1953

5. SEX Female FEMALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-25-'66 1865

9. AGE last birthday 67 yrs. If under 1 year Months 9 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Henry M. Talbott

14. MOTHER'S MAIDEN NAME Cora E. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS John D. Bowman- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175x

Immediate cause (a) Carcinomatosis, primary in ovary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION about July 1/53

19b. MAJOR FINDINGS OF OPERATION Carcinomatosis, primary in ovary

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1953 to Nov 19, 1953 that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. R. Linthicum, M.D. ADDRESS Rockville, Md. DATE SIGNED Nov. 19, 1953.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11-21-'53

NAME OF CEMETERY OR CREMATORY Monocacy

LOCATION (City, town, or county) (State) Beallsville, Maryland

DATE REC'D BY LOCAL REG. 11-21-53

REGISTRAR'S SIGNATURE Helen S. Eckenfelder dy.

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Maryland

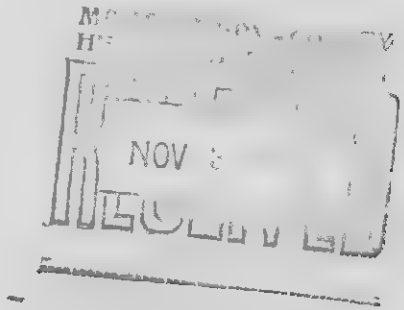
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1

BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 2 D.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) T.C. Walter Reed Army Med. Center

3. NAME OF DECEASED (Type or Print) Corp (First) Chester (Middle) Richard (Last) Boyer
4. DATE OF DEATH (Month) Nov. (Day) 28 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3-23-1918
9. AGE last birthday 35 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Army
11. BIRTHPLACE (State or foreign country) Cedar Rapids, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Deceased - name unknown
14. MOTHER'S MAIDEN NAME Rose Bertha Bowers (maiden name unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) still on active duty
16. SOCIAL SECURITY No. RA 36087504
17. INFORMANT AND ADDRESS Capt. Snyder, Walter Reed Army Medical Center, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X Immediate cause (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing wound of chest (auto accident) — 2 minutes

(c) Fracture sternum

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Route 97 (CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 28-53 - 1:00 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driver in auto accident

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Frank J. Broschart (Degree or title) M.I. ADDRESS Gaithersburg Md DATE SIGNED 11-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial & Removal DATE THEREOF 11/30/53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Manchester (State) Tenn

DATE REC'D BY LOCAL REG. 11/30/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Rinaldi Funeral Home ADDRESS Angelo Rinaldi, Pres. 816 - H. St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1953
BUREAU V. S.

11227

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colesville
RURAL LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joliffs Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 3114-KENSINGTON RD

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) H. (Last) Breyere

4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: MAY 23-1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: SUGAR
11. BIRTHPLACE (State or foreign country): CANADA 50
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY BREYERE
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MOLLIE P. BREYERE - SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cardiac failure - terminal bronchial pneumonia — Interval Between Onset And Death: 2 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Multiple small to medium cerebral vascular accidents — 3½ mo

DUE TO

(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Nov. 7, 1953 that I last saw the deceased alive on Nov. 5, 1953 and that death occurred at 5:45 pm from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1319 Seminary Rd. Silver Spring Md. DATE SIGNED Nov. 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 11-10-53
NAME OF CEMETERY OR CREMATORY NEW ST MARY'S
LOCATION (City, town, or county) ROCKVILLE MD (State)

DATE REC'D BY LOCAL REGISTRAR 11/9/53
REGISTRAR'S SIGNATURE Francis [signature]
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 1400 Chapin St NW Wash, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

RECEIVED
NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1129

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mont&.Co. Gen.Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) EDWARD (Last) BRIGHTWELL

4. DATE OF DEATH: (Month) Nov. (Day) 25, (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	9-18-1874	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Huckster retired	Produce	Maryland	U.S.

13. FATHER'S NAME: Charles Edward Brightwell

14. MOTHER'S MAIDEN NAME: Alice Bloom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Balto. 29 Ralph Brightwell, 4128 Mt.Wood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio vascular renal disease with hypertension	10 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal congestive heart failure	6 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchial asthma — 20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. , 1945, to Nov. 25, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 10:40 A m., from the causes and on the date stated above.

SIGNATURE: L. McClendon (Degree or title) M.D. ADDRESS: Damascus, Maryland DATE SIGNED: Nov. 25, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY	LOCATION (City, town, or county) (State)
BURIAL	11-28-1953	Linganore	Frederick Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27-53	Gertrude B Fowler	C. M. Waltz,	Winfield, Md.

VS. 415

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 701 Wayne Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 701 - Wayne ave

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Lenderman (Last) Bullis
4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct 26, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Wilkes Co N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Lenderman
14. MOTHER'S MAIDEN NAME: Diana Forrister
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no.
17. INFORMANT & ADDRESS: Mrs. Nellie Sapp 701-Wayne ave. S.S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Occlusion — 5 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — years

DUE TO

(c) Hypertension — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease — 39 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Nov. 11, 1953 that I last saw the deceased alive on Nov 10, 1953 and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE John Rogers M.D. (Degree or title) ADDRESS 1919 Seminary Rd. Silver Spring Md DATE SIGNED Nov. 11, 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Trans. & Burial DATE THEREOF 11/12/53 NAME OF CEMETERY OR CREMATORY Salem Cemetery LOCATION (City, town, or county) (State) Winston-Salem, N. C.
DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-215

RECEIVED.

BUREAU V. S

[230]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Di Resta | LENGTH OF STAY (In this place) 36 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY —
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5412 Nevada Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Levi (Middle) David (Last) Bushong

4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	6-22-1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auditor	Hotel	Virginia	U.S.A.

13. FATHER'S NAME: William A. Bushong
14. MOTHER'S MAIDEN NAME: Eva S. Piter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
902.0 Immediate cause	(a) Massive subdural hemorrhage and	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) massive intracranial hemorrhage	
	DUE TO (c) Communited fracture of skull and fracture sternum	
	Fall from tree	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☑ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home	21c. (City or town) Washington (County) (State) DC
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-5-53 - 5:30 P.M.	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR? Fell from tree while Trimming branches

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 11-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-9-53	Rock Creek	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/6/53	Dixie [illegible]	The S.H. Hines Co 2901-14th St N.W., Wash., D.C.

BUREAU V. S.

Film#G159 Item# 9 11/25/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, 18 11231

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Montgomery COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 E. Leland Street	STREET ADDRESS (If rural give location) 415 E. Leland Street

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) L. (Last) BUTCHART

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Widowed

8. DATE OF BIRTH: Dec. 18,1880

9. AGE last birthday: 62 72 yrs. IF UNDER 1 YEAR: Months 10 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Hayden

14. MOTHER'S MAIDEN NAME: Melissa Lenar

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Linda Roberts- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4427

Immediate cause (a) acute glomerulonephritis — Interval Between Onset And Death: 6 da

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cardio vascular renal disease — 4 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic bronchial asthma — 15 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 4, 1946, to Nov. 16, 1953, that I last saw the deceased alive on Nov 16, 1953 and that death occurred at 4.50 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) E. E. Quayle M.D. — ADDRESS 1822 Beltmore St. N.W. Wash. D.C. — DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 11-18-53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 11/17/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 32

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 4

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3913 Decatur Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3913 Decatur Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Butke

4. DATE OF DEATH (Month) Nov (Day) 14 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Gov't Ptg.
10b. KIND OF BUSINESS OR INDUSTRY: Office-retired
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Butke
14. MOTHER'S MAIDEN NAME: Caroline Tellhoester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Loretta K. Butke, 3913 Decatur Ave., Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-14-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 17, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince George's Co., Maryland

DATE REC'D BY LOCAL REG. Nov 16, 1953
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5A 5-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

233

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 3 Hours 23 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 800 South Arlington Mill Drive.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Card

4. DATE OF DEATH: (Month) November (Day) (Year) 18 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: November 18, 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS Hours 3 Min. 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Warren H. Card
14. MOTHER'S MAIDEN NAME: Phyllis Jean Elvert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Warren H. Card Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Immaturity DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity DUE TO

(c)

Interval Between Onset And Death: birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1953, to Nov. 18, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 5:50 AM, from the causes and on the date stated above.

SIGNATURE H.O. RANDEL, LT MC USN., (Degree or title) U.S.Naval Hospital, NNMC, ADDRESS Bethesda, Maryland DATE SIGNED November 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF November 20, 1953
NAME OF CEMETERY OR CREMATORY Pinelawn National Cemetery
LOCATION (City, town, or county) (State) Pinelawn, New York.

DATE REC'D BY LOCAL REGISTRAR November 19, 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland.

20X3223290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1934

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Colesville; LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Colesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14113 Colesville Rd. R.F.D. Silver Spring	STREET ADDRESS 14113 Colesville Rd. (Forward to location) R.F.D. Silver Spring

3. NAME OF DECEASED: (Type or Print) (First) ESTHER (Middle) M. (Last) CARTER

4. DATE OF DEATH: (Month) (Day) (Year) November 9, 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 30,1906	47 yrs.	3	9		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Washington, D.C. 40	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank M. Crown	Rose J. Bennett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No 4	None	Oscar M. Carter- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174x

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Uterus c̄ Metastasis 1 year

DUE TO

(c) to liver, and lungs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1953, to Nov 9, 1953 that I last saw the deceased alive on Nov 9, 1953, and that death occurred at 11/9/53 8:00 PM, from the causes and on the date stated above.

SIGNATURE H B Orleans MD (Degree or title) ADDRESS 9500 Colesville Rd, Silver Spring Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-12-53	Deerwood Cemetery	Derwood, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/11/53	Frances [illegible]	Robert A. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1235

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington MD
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington MD
STREET ADDRESS (If rural give location) 6212 - Kennedy Dr

3. NAME OF DECEASED: (Type or Print) (First) KATHARINE (Middle) R. (Last) CHATELAIN

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Sept. 1-1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Walter Richardson

14. MOTHER'S MAIDEN NAME: ELIZABETH - ZIEHLKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizabeth Richardson 6212 Kennedy Dr

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
Immediate cause (a) Metastatic Lesions of Spine — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Adeno carcinoma of Left Breast — 2 1/2 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1951

19b. MAJOR FINDINGS OF OPERATION: Adeno carcinoma of Left Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 1951, to Nov 8, 1953, that I last saw the deceased alive on Nov 7, 1953, and that death occurred at 12:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Herbert Bauerfeld M D ADDRESS 1912 R St N.W. DATE SIGNED Nov 8, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-11-53

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/9/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR: The J. F. Hines Co ADDRESS 2901-14th Washington DC

VS. A15

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. [illegible]-A-5-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5008 Hampden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5008 Hampden Lane

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Calvert (Last) CISSEL

4. DATE OF DEATH (Month) Nov. (Day) 10 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 31, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 5 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Am. Disinfectant Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William L. Cissel

14. MOTHER'S MAIDEN NAME: Cordelia Cissel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Ellen G. Cissel-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.1 (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on bed

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul J. Broccard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/12/1953 | NAME OF CEMETERY OR CREMATORY St. Mark's Church | LOCATION (City, town, or county) (State) Highland (Howard) Maryland

DATE REC'D BY LOCAL REG. 11/11/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]37

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 1 mo. 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4902 - 40th Place

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) E (Last) Cocks

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 15 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bank Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Cocks
14. MOTHER'S MAIDEN NAME: Frances Rebecca Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death 10 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis, Generalized — 4 yrs.
DUE TO
(c) Chronic Myocarditis — 4 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 | 2 , 1953 , to 11 | 16 , 1953 , that I last saw the deceased alive on 11 | 16 , 1953 , and that death occurred at 9:50 P.M. from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 11 | 16 | 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-19-53 NAME OF CEMETERY OR CREMATORY Rockcreek Cem LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REGISTRAR 11-16-53 REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Washington 9 D.C.

VS. A15

RECEIVED
NOV 23 1953
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 238

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X; LENGTH OF STAY (in this place) 3 da. 7 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural give location) 411 W. Montgomery Ave.

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) Wallace (Last) Conklin

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 10-1896

9. AGE Last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days 26; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: attorney

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wallace Conklin

14. MOTHER'S MAIDEN NAME: Mary Jeanette Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Wife - Mrs. Lucille E. Conklin, Rockville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial failure — Interval Between Onset And Death: 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive & coronary arteriosclerotic heart disease — known 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1952, to Nov. 6, 1953, that I last saw the deceased alive on Nov. 6, 1953, and that death occurred at 10.05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Aaron H. Traum M.D. 8237 Georgia Ave Silver Spring Md Nov 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/9/1953; NAME OF CEMETERY OR CREMATORY Rockville Union; LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR 11/9/53; REGISTRAR'S SIGNATURE Bessie C. Thompson; 24. FUNERAL DIRECTOR Roberts A. Pumphrey; ADDRESS Bethesda, Md.

VS. 2-15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11939

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson R.F.D. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson - R F D
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) May (Last) Cooley

4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Sept 13 - 1907 | 9. AGE last birthday: 46 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None. | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nathan Cooley | 14. MOTHER'S MAIDEN NAME: Alice M. Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None. | 17. INFORMANT & ADDRESS: Mrs Nathan Cooley - Dickerson, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebro Vascular Accident	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Hypertensive Cardio vascular Disease	8 yrs
DUE TO	(c) Progressive Muscular Dysthrophy	28 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to 30 Nov., 1953, that I last saw the deceased alive on 30 Nov, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE Gordon M Smith (Degree or title) M.D. ADDRESS Barnesville DATE SIGNED 1 Dec. '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/3/53 | NAME OF CEMETERY OR CREMATORY Monocacy | LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REGISTRAR 12-1-53 | REGISTRAR'S SIGNATURE Charles W Elgin | 24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

VS. A15

RECEIVED
DEC 3 1 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11240

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Takoma Park; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (In this place) all life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Silver Spring Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) WILLIAM (Last) COPELIN

4. DATE OF DEATH: (Month) NOV (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Feb 12 1864

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Odd Jobs

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George D Copelin

14. MOTHER'S MAIDEN NAME: Harriet Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: George D Copelin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiorenal Disease	?
	(c) Inguinal Hernia	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Nov 15, 1953, that I last saw the deceased alive on Nov 14, 1953, and that death occurred at 2:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Victor Terrell, M.D. ADDRESS: Norbeck Md. DATE SIGNED: 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 18 53

NAME OF CEMETERY OR CREMATORY: Brookside Gardens

LOCATION (City, town, or county): Montgomery (State): Md

DATE REC'D BY LOCAL REG.: 11-16-53

REGISTRAR'S SIGNATURE: Gertrude B Fawler

24. FUNERAL DIRECTOR: Roy W. Barber ADDRESS: Gaithersburg Md

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) 7yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9028 Georgia Ave. — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont'g; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 9028 Georgia Ave

3. NAME OF DECEASED (Type or Print): (First) Charles; (Middle) Wesley; (Last) Cuthbertson

4. DATE OF DEATH: (Month) Nov; (Day) 26; (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-22-1868

9. AGE last birthday: 85 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Dentist

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses W. Cuthbertson

14. MOTHER'S MAIDEN NAME: Jimetta F Wadsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Sp War II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Cuthbertson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — Interval between onset and death: years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Brosnan M.D (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/30/53; NAME OF CEMETERY OR CREMATORY Arlington National Cemetery; LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Nov 30, 1953. REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner L. Pumphrey ADDRESS 8434 Georgia Ave, Silver Spring, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11242

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 22
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1636 Brisbane Street

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) Marie (Last) Davisson
4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1953

5. SEX: F
6. COLOR OR RACE: wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-17-86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hosp. Hostess
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Cosper
14. MOTHER'S MAIDEN NAME: Kathryn Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
260X
Immediate cause (a) Diabetes acidosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Takoma Park (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31, 1953, to 11-9, 1953, that I last saw the deceased alive on 11-9, 1953, and that death occurred at 2:30 PM, from the causes and on the date stated above.
SIGNATURE L. Armandy (Degree or title) ADDRESS 1532-16th St. N.W. Wash. DATE SIGNED 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 12 1953
NAME OF CEMETERY OR CREMATORY Spring Green Cemetery
LOCATION (City, town, or county) Spring Green, (State) Disc
DATE REC'D BY LOCAL REGISTRAR Nov. 9-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR [illegible] Walters
ADDRESS 254 Carroll Street Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X | LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9105 Wire Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9105 Wire Ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Cornelius (Last) DeBald
4. DATE OF DEATH (Month) Nov (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-8-1905
9. AGE last birthday 48 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furier
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Peter DeBald
14. MOTHER'S MAIDEN NAME Matilda Studzinski
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-10-9676
17. INFORMANT AND ADDRESS Nancy DeBald (wife) same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1977 Immediate cause (a) Hemorrhage due to stab wound

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) in left chest over heart

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-6-53 - 8 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted stab wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-6-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/10/53 | NAME OF CEMETERY OR CREMATORY St. Stanislaus Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/9/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1541

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 5 Months 27 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Perry
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Duncannon
STREET ADDRESS (If rural give location) Rural Route #2

3. NAME OF DECEASED: (Type or Print) (First) Patricia (Middle) Ann (Last) Dersham

4. DATE OF DEATH: (Month) November (Day) 20 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: January 8, 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 10 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Duncannon, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Oscar Dersham

14. MOTHER'S MAIDEN NAME: Jane Emert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: James O. Dersham Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

202.1

Immediate cause (a) DUE TO Acute Hemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Letterer Siwe

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23 ....,19 53 , to Nov. 20 , 19 53, that I last saw the deceased alive on Nov. 20, 19 53 , and that death occurred at 3:45 PM ....., from the causes and on the date stated above.

SIGNATURE D. J. PASCOE, LT MC USN, (Degree or title) U.S.Naval Hospital, NNMC, Bethesda, Maryland (ADDRESS) DATE SIGNED November 21 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial

DATE THEREOF November 23 1953

NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) (State) Duncannon, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR November 21 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. A15

RECEIVED
NOV 21 1953
BUREAU V. S.

Copy to CHO
11/24/53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 6 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital	STREET ADDRESS (If rural, give location) 425 N. Lakewood Ave.

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) Morris (Last) Ditzel Jr.

4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 h. Hours / Min.
Male	White	Widowed	9-4-22	31 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Govt.	Sig. Depot	Balt. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edgar Morris Ditzel Sr.	Ida Ella Meekins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	W.W. 2	—	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9.6 X

Immediate cause (a) Cerebral hemorrhage and laceration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to bullet wound thru skull — 7 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY Grill — (CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 11-21-53 - 5:10 P m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? self inflected pistol wound

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE Frank J. Broschart (Degree or title) M.D. — ADDRESS Gaithersburg Md — DATE SIGNED 11-22-53

CREMATION (Owner's signature)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
[illegible]	11/22/53		Baltimore, Md.

DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 22-1953	[illegible]	John H. [illegible]	Baltimore, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

JREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 425 N. Lakewood Ave.

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) May (Last) Ditzel
4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-7-26
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edgar Sawyer
14. MOTHER'S MAIDEN NAME Goldie ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Alice Aviles - Sister-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage & laceration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to bullet wound thru skull — 10 min.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bullet wound thru left forearm & ant abdominal wall

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Drill (CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-21-53 - 5:10 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? shot by husband

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-22-53

DISPOSITION: Removal Sign. DATE THEREOF 11/22/53 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov-22-1953 J. Gilmore Dodd
21. FUNERAL DIRECTOR John A Moran ADDRESS Baltimore, Md
by Jr. Jr.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct and especially important Physicians: please write the causes of death clearly and legibly.

JREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney Md.
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY: V-48-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington DC
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) (Last) Dodd
4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: About 75
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Foster ~~Dodd~~
14. MOTHER'S MAIDEN NAME: Hanna Vaughn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr Charles W. Fitzgerald & National Savings Trust Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 1914

Immediate cause (a) Carcinoma of skin of face with cerebral metastases.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — Yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1953, to 11/20, 1953, that I last saw the deceased alive on 11/17, 1953, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Sandy Spring, Md — DATE SIGNED: 11/20/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11-24-53
NAME OF CEMETERY OR CREMATORY: Rock Creek Cem
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: 11-20-53
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2901-14th St. N.W. Washington 9 D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

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NOV
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11248

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7328 Piney Branch Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7328 - Piney Branch Rd.

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) Grace (Last) Duehring

4. DATE OF DEATH: (Month) Nov. (Day) 12, (Year) 1953.

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: February 14, 1890
9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Brooklyn New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Darrell
14. MOTHER'S MAIDEN NAME: Mary Treco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NN (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Fred C. Duehring, 7328 Piney Branch Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Chronic Interstitial Nephritis — Interval Between Onset And Death: Indefinite

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis — Indefinite

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 16, 1953, to Nov. 12, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. Little MD ADDRESS 6911 5th St. N.W. Washington DATE SIGNED D.C. 11-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 16, 1953
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Nov. 12-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Arthur J. Walters ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1124

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A16

1. PLACE OF DEATH: COUNTY 201 Elm St., Chevy Chase, Md. Lg. MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 3428 N. 21st St., Philadelphia, Penna.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Philadelphia, Penna.
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Page (Last) Durree

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 30, 1872

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Penna.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Butler

14. MOTHER'S MAIDEN NAME: Anne Page.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Henry Laughlin, 201 Elm St., Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary artery occlusion	5-10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease.	Unknown.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: None known.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1953, to Nov. 2, 1953, that I last saw the deceased alive on Nov. 2, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George A. Gray Jr., M.D. 104 Chevy Chase Dr., Chevy Chase, Md. 11/2/53.

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF: Nov. 5 1953

NAME OF CEMETERY OR CREMATORY: Mount Peace

LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG. 11-5-53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Deal Funeral Home ADDRESS: 4812 Georgia Ave. Washington, D.C.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
STREET ADDRESS (If rural, give location) 4110 - 33rd St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
		Englander	11	10	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		10-10-53					20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country).	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Victor Englander	Jeanne Molly Adair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 752+	(a) Prematurity. Parturition at 8 mo.	Baby never
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) severe polyhydramnios in mother	breathed - last
	DUE TO (c) Congenital anomalies (bilateral club feet, hydrocephalus, spasticity)	heat fetal life for 20 +

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-, 1953, to 11-10-, 1953, that I last saw the deceased alive on 11-10-, 1953, and that death occurred at 2:09 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Jeanne Hughes M.D. Takoma Park, Md 11-10-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or town, or county) (State)
Cremation	11-11-53	Wash. San. & Hosp.	Takoma Park Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 11 1953	J. Wilson Dodd	R. A. Hare M.E.	Wash. San. & Hosp. Takoma Park Md.

20X329135

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Write permanent record from pencil.

(1)

(T)

S. A. 5 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 51

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sana Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 4416-7th St NW

3. NAME OF DECEASED: (Type or Print) (First) Goldie (Middle) Wolk (Last) Edlowitz
4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lithuania
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mordecai Shulman
14. MOTHER'S MAIDEN NAME: Rebecca ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Inox Wolk (Son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis & Infarcty myocardial — Interval Between Onset And Death 2 hrs

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease — ?

DUE TO

(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — ?

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 1953 to Nov 20, 1953 that I last saw the deceased alive on Nov 20 1953, and that death occurred at 3:00 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Paul Eanet MD ADDRESS 4847-20 Cove Nec Wash DATE SIGNED 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 20-1953
NAME OF CEMETERY OR CREMATORY Elasavetgrad Cemetery
LOCATION (City, town, or county) Washington, (State) Wash
DATE REC'D BY LOCAL REGISTRAR Nov 20-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B Hanzansky & son, ADDRESS Wash DC 3501-14 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Baltimore Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 12 Balto. Rd

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Faulk
4. DATE OF DEATH (Month) Nov (Day) 10 (Year) 1953
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 10, 1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Care taker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Rockville Police

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 3rd degree burns over entire body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in burning stable

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Rockville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-10-53 - 6:15 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Burning stable in which he lived

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 10-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-16-53 NAME OF CEMETERY OR CREMATORY Lincoln Park LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 11-16-53 REGISTRAR'S SIGNATURE Helen S. Eckenfelder Dep. 24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11253

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Woodfield, Md.
LENGTH OF STAY in this place 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Woodfield, Md.
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) K. (Last) Fowler

4. DATE OF DEATH: (Month) Nov. (Day) IO (Year) 1953

5. SEX: Female

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. I9, I885

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hardy Co., Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Enos Baldwin

14. MOTHER'S MAIDEN NAME: Jennie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Fowler, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Cirhosis of the liver	3 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Splenomegaly	I years
	DUE TO (c) Arteriosclerotic cardiovascular disease.	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1953, to Nov. 10, 1953, that I last saw the deceased alive on Nov. 9, 1953, and that death occurred at 5:05 P.M. from the causes and on the date stated above.
SIGNATURE James P. Kerr M.D. (Degree or title) ADDRESS Hancock Md. DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. I3,53
NAME OF CEMETERY OR CREMATORY Hale Mt. Victory
LOCATION (City, town, or county) (State) Hardy Co. Ohio

DATE REC'D BY LOCAL REGISTRAR Nov 11 1953
REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS Roy W. Barber, Laytonsville, Md.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6003 Greentree Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 6003 Greentree Road

3. NAME OF DECEASED: (First) William (Middle) Nelson (Last) FRANKLIN

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 11, 1918

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months 5 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Augusta, Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. P. Franklin

14. MOTHER'S MAIDEN NAME: Agnes Marie Nelson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY No.: 225-05-3262

17. INFORMANT & ADDRESS: Eliz. M. Franklin-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 153X (a) [illegible] DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: + years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Nov 23, 1953, that I last saw the deceased alive on Nov 23, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS 7942 Wisconsin Ave. Beth. Md. DATE SIGNED 11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/27/53 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 11/26/53 REGISTRAR'S SIGNATURE Irene M. Thompson

24 FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10146 Dallas Ave

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) Joseph (Last) Fullard
4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Divorced	7-5-91	62 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Fireman, Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Evening Star Newspaper
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Fullard
14. MOTHER'S MAIDEN NAME: Mary Ranger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 578-10-2422
17. INFORMANT & ADDRESS: Son in law Mr. Redmond - same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis DUE TO — Interval Between Onset And Death: 24 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant hypertension DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/17, 1953, to 11/10, 1953, that I last saw the deceased alive on 11/10, 1953 and that death occurred at 10:50 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. Shradean, M.D. 10111 Colesville Rd. Silver Spring, Md. 11/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/13/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11-13-1953
REGISTRAR'S SIGNATURE J. Arthur Dodd
24. FUNERAL DIRECTOR Edgar E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A16

RECEIVED
NOV 16 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 509 Schuyler Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Everett Trowbridge Giles

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 19 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-22-82
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't (Retired)
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Giles
14. MOTHER'S MAIDEN NAME: Mary Frances Trowbridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis, Generalized — 15 years

DUE TO (c) Hypertension — 15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 18, 1953, and that death occurred at 2:00 AM from the causes and on the date stated above.

SIGNATURE George B. Patrick Jr. (Degree or title) M.D., ADDRESS Silver Spring, Md. DATE SIGNED Nov 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/21/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 24-1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-Ab

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 16~~ 11257

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: Kensington
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairhaven Rest Home,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland ~~Leonard Town~~ COUNTY ~~Md.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonard Town 18 X-2
STREET ADDRESS (If rural give location) 1 Carroll Place

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Thomas (Last) Graves
4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 15, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 4 Days 7 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired) Salesman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nelson Graves
14. MOTHER'S MAIDEN NAME: Elizabeth Taylor Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Harry G. Pons (son in law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
794 X
Immediate cause (a) Senile Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death: Several weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 19 , to Nov 22, 1953, that I last saw the deceased alive on Nov 20, 1953, and that death occurred at 3:50 a.m., from the causes and on the date stated above.
SIGNATURE John N. Andrews M.D. (Degree or title) ADDRESS 9601 Colesville Rd Silver Spring Md DATE SIGNED 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR Nov 23/53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert A Humphrey ADDRESS 7557 Wisc Ave Bethesda Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11258

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 & 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 711 Colby Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 711 Colby Ave.

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) Carter (Last) Green

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1953

5. SEX: Fem

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: March 5 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): King William's Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walker Carter

14. MOTHER'S MAIDEN NAME: Rachael Jain

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Samuel Green husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1951, to Nov 8, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 2:10 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) Chester Jewell M.D. ADDRESS Norbeck Md. DATE SIGNED 11-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-8-53 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 11/9/53 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H. E. Jarvis Co ADDRESS 1432 You St N.W. Wash DC

VS. A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11259

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Oregon COUNTY -
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Madras,
STREET ADDRESS (If rural give location) Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) Rudolph (Last) Henske
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Sept. 15, 1927
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Henske
14. MOTHER'S MAIDEN NAME: Katie M. Hofstetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: 544-20-2806
17. INFORMANT & ADDRESS: Clinical Record - The Clinical Center

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

22 X

Immediate cause (a) Central respiratory paralysis — 3/4 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Progressive compression of brain stem — 10 hours

DUE TO

(c) Probable recurrent subdural hematoma ff. craniotomy for seizures.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Early bronchopneumonia (friction rub and decreased breath sounds 10 hrs. prior to death).

19a. DATE OF OPERATION: Nov. 17, 1953 / Nov. 18, 1953
19b. MAJOR FINDINGS OF OPERATION: Cortical atrophy and angioma / Hematoma and angioma
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) - (COUNTY) - (STATE) -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from Nov. 2, 1953, to Nov. 24, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George Nelson [signature] M.D. ADDRESS the Clinical Center National Institutes DATE SIGNED Nov 24 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - Transit
DATE THEREOF Nov 24/53
NAME OF CEMETERY OR CREMATORY Metolius Cemetery
LOCATION (City, town, or county) Madras (State) Oregon

DATE REC'D BY LOCAL REGISTRAR 11/25/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Pumphrey Inc ADDRESS 8434 Ge. ave. S. S. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 22
LENGTH OF STAY (in this place) 1 mo 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rt #1 Gaithersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Lewis (Last) Hobbs
4. DATE OF DEATH: (Month) 11 (Day) 7 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 3/7/81
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ~~Salesman~~ CLERK
10b. KIND OF BUSINESS OR INDUSTRY: HOTEL
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James L. Hobbs, Sr.
14. MOTHER'S MAIDEN NAME: Margaret Doyle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Pt's Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Chronic Nephritis - Uremic State — Interval Between Onset And Death: two mos.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 7 years

DUE TO

(c) Hypertension — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged Prostate

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Nov. 7, 1953, that I last saw the deceased alive on Nov 7, 1953, and that death occurred at 9:55 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare MD. ADDRESS Takoma Park, Md. DATE SIGNED 11/7/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF Nov. 10, 1953 NAME OF CEMETERY OR CREMATORY Bel Air Mem. Gardens LOCATION (City, town, or county) (State) Bel Air, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 10 - 1953 REGISTRAR'S SIGNATURE Jr Wilson Dodd mrb
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. 415

RECEIVED
.IC.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11261

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Samuel Hayward Hopkins

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 23 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: June 17, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired

10b. KIND OF BUSINESS OR INDUSTRY: (owner)

11. BIRTHPLACE (State or foreign country): Fairland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel H. Hopkins

14. MOTHER'S MAIDEN NAME: Sara F. Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-46-6897

17. INFORMANT & ADDRESS: Mrs. Helen H. Sullivan, Fairland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Cardio-	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Vascular-renal disease	5 yrs
	DUE TO (c) With Ventricular Fibrillation	1 Day

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Phlebo-thrombosis Pulmonary Embolism

19a. DATE OF OPERATION: 9/24/53

19b. MAJOR FINDINGS OF OPERATION: Phlebothrombosis L. Iliac Vein

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1942, to 11/23, 1953, that I last saw the deceased alive on 11/23/53, 19....., and that death occurred at 6:10 P.m., from the causes and on the date stated above.

SIGNATURE J. H. Warren (DEGREE OR TITLE) MD ADDRESS Laurel Md DATE SIGNED 11/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 11/26/53

NAME OF CEMETERY OR CREMATORY St. Mark's Cemetery

LOCATION (City, town, or county) (State) Fairland, Montgomery Co., Md.

DATE REC'D BY LOCAL REG. 11-25-53

REGISTRAR'S SIGNATURE Frances [illegible]

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

REC
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:UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11062

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10415 HAYWOOD DR.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 10415 HAYWOOD DR

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) VAN METER (Last) HUNTER

4. DATE OF DEATH (Month) (Day) (Year) 11 - 25 1953

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH MAY 29, 1877

9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) NEW MOOREFIELD, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EDWIN VAN METER

14. MOTHER'S MAIDEN NAME AMELIA VAN PELT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT 10415 HAYWOOD DR. WALLACE H. HUNTER, SILVER SPRING, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Cerebral Hemorrhage with right hemiplegia + aphasia

Antecedent cause(s) (b) Chronic myocarditis with cardiac decompensation

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Advanced Arteriosclerosis Generalized

INTERVAL BETWEEN ONSET AND DEATH: 1 hour; 2 years; Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1945 to Nov 25, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at 12 25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 7835 Eastern Ave Silver Spring Md Nov 25, 1953

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE Nov. 30, 1953

NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L CEM.

LOCATION (City, town, or county) (State) ARLINGTON CO. VA.

DATE REC'D BY LOCAL REG. 11-25-53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR S. H. Hines Co. Washington 9, D.C.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15

RECEIVED
NOV 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 50 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 6814 Red Top Road

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Hutt
4. DATE OF DEATH: (Month) (Day) (Year) November 11 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: November 11 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 0 Min. 50
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Richard F. Hutt
14. MOTHER'S MAIDEN NAME: Margarita E. Encarnacion
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother: Margarita E. Hutt Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) DUE TO Prematurity & Immaturity

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Atelectasis

(c)

Interval Between Onset And Death: 24 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1953, to Nov. 11, 1953, that I last saw the deceased alive on Nov. 11, 1953, and that death occurred at 5:55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. G. HOVEMAN LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. November 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF November 16, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.
DATE REC'D BY LOCAL REGISTRAR November 14, 1953
REGISTRAR'S SIGNATURE Earl Whittington
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

20X3291322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-15

NOV 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11261

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 12 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg Co. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring - R-1
STREET ADDRESS (If rural, give location) Norwood Rd

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) (Last) Johnson
4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1953
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 21. 1903
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Walter Matthews
14. MOTHER'S MAIDEN NAME Constance Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Glenwood Bailey. Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

900.0 Immediate cause (a) Respiratory failure due to fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of 4 + 5th Cervical Vertebrae

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Silver Spring (COUNTY) Montg (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 8-53-? A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? fell down stair steps

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 12-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-11-53
NAME OF CEMETERY OR CREMATORY Mt Pleasant
LOCATION (City, town, or county) Norbeck, Md (State)
DATE REC'D BY LOCAL REG. 11-11-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH [redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3605 Lawrence Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 3605 Lawrence Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) K. (Last) JOHNSON

4. DATE OF DEATH (Month) Nov. (Day) 8, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Single
8. DATE OF BIRTH: Sept. 15, 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 1 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country) Boyds, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oliver G. Johnson
14. MOTHER'S MAIDEN NAME: Ida Kuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Lillian Simon-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Diabetes Mellitus — Interval Between Onset And Death 5 YRS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO & Congestion Hard Failure — 6 MO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun, 1953, to Nov, 1953, that I last saw the deceased alive on Nov. 6, 1953, and that death occurred at 2:30 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS 8016 [illegible] DATE SIGNED 11/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/10/1953
NAME OF CEMETERY OR CREMATORY Boyds Presby. Church
LOCATION (City, town, or county) (State) Montgomery Maryland

DATE REC'D BY LOCAL REGISTRAR 11/9/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Roberts A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~, 12

CERTIFICATE OF DEATH

Reg. Dist. No. 1296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5203 Hampden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5203 Hampden Lane

3. NAME OF DECEASED: (Type or Print) (First) Sydney (Middle) Howell (Last) KARR

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 18, 1891

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Realtor

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Corydon P. Karr

14. MOTHER'S MAIDEN NAME: ? Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Ruth W. Karr - Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumonia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebrovascular thrombosis	6 months
	DUE TO (c) Hypertensive cardiovascular disease	
	Paraplegia, post surgical	6 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 1951, to Nov. 29, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jean J. Vivino, M.D. — ADDRESS 2025 - I St. N.W. or 9010 Bradgrove Drive, Bethesda — DATE SIGNED Nov. 29, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 12/2/53 — **NAME OF CEMETERY OR CREMATORY** Parklawn — **LOCATION** (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/30/53 — **REGISTRAR'S SIGNATURE** Jessie M. Thompson — **24. FUNERAL DIRECTOR** Roberts A. Pumphrey — **ADDRESS** Bethesda, Md.

VS. 2.5.

RECEIVED
DEC 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: V-48-3
STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1704 Kenyon St., N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Adrian (Middle) Harry (Last) Kemper
4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-22-74	79 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired waiter		Holland	U.S.A.

13. FATHER'S NAME: William Kemper
14. MOTHER'S MAIDEN NAME: Marie Badoux

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Raymond Kemper - Address same as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Acute Coronary occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Myocardial Ischemia - acute -

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1953, to Nov 22, 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 4:15, from the causes and on the date stated above.

SIGNATURE (Degree or title) Arthur E Coyne MD — ADDRESS Takoma Park Md — DATE SIGNED 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 28-1953	Cedar Hill	Wash.	D.C.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-24-53	J. Nelson Dodd M.D.	The L. H. Hines Co Inc	2901 14th St NW

VS. 206

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NOV
BUREAU V. S.

11268

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10416 Fawcett Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington X

STREET ADDRESS (If rural, give location) 10416 Fawcett Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Marie) (Middle) Loretta (Last) KENNEDY

4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/14/1901

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 5 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Holy Redeemer Cath. Church

11. BIRTHPLACE (State or foreign country): Chicago, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Walsh

14. MOTHER'S MAIDEN NAME: Genevieve Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 350-20-9297

17. INFORMANT & ADDRESS: Charles Sheehan-4421 Puller Dr. Kens. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4 6 3.1

Immediate cause (a) Coronary occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Burchart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/17/1953

NAME OF CEMETERY OR CREMATORY St. John's

LOCATION (City, town, or county) (State) Forest Glen Maryland

DATE REC'D BY LOCAL REG. 11/16/53

REGISTRAR'S SIGNATURE Jessie [illegible]

24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5-53

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 211

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Lewisdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 1 Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Lewisdale
STREET ADDRESS (If rural give location) RFD # 1 Monrovia

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Frances (Last) King
4. DATE OF DEATH: (Month) November (Day) 10 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 23, 1919
9. AGE last birthday: 33 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Nr. Lewisdale, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willard H. Brown
14. MOTHER'S MAIDEN NAME: Sarah E. King

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Earl V. King, Monrovia, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

252.1 Immediate cause (a) Thyroid Heart Disease — 6 years.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Toxic adenoma of thyroid — 6 years.
DUE TO
(649X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pregnant — 7 months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1947, to Nov. 10, 1953, that I last saw the deceased alive on Nov. 8, 1953, and that death occurred at 8:30 a.m.; from the causes and on the date stated above.

SIGNATURE James P. Kerr (Degree or title) M.D. ADDRESS Damascus, Md. DATE SIGNED 11/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 12, 1953
NAME OF CEMETERY OR CREMATORY Mt. View
LOCATION (City, town, or county) (State) Purdum, Maryland.

DATE REC'D BY LOCAL REGISTRAR Nov 11, 1953
REGISTRAR'S SIGNATURE Della N. Burdette
24. FUNERAL DIRECTOR Olin L. Molesworth, ADDRESS Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. 145

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NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 1260 No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) D.O.H.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ronie Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural, give location) Ronie 3.

3. NAME OF DECEASED: (Type or Print) (First) Preston (Middle) Cloud (Last) King

4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 1953

5. SEX: Male **6. COLOR OR RACE:** white **7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Married **8. DATE OF BIRTH:** May 11, 1874 **9. AGE last birthday:** 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired **10b. KIND OF BUSINESS OR INDUSTRY:** C.&P. Auditor - Telephone Co. **11. BIRTHPLACE** (State or foreign country): Wash. D.C. **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: Benjamin Cloud King **14. MOTHER'S MAIDEN NAME:** Fannie Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes (Spanish Amer.) **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Ronie 3 - Gaithersburg Son Preston Cloud King Jr. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 835X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rupture, heart, traumatic	30 mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Steering-wheel trauma to chest	30 mins
	DUE TO (c) Auto accident	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH. **21b. PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) Home driveway **21c.** (City or town) Travillah (County) Mont. (State) Md

21d. TIME OF INJURY (Month) Nov. (Day) 28 (Year) '53 (Hour) 4:45 PM. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Auto. struck tree.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brozzhart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 12-1-53 **NAME OF CEMETERY OR CREMATORY** Rock Creek **LOCATION** (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 11/30/53 **REGISTRAR'S SIGNATURE** Bessie M. Thompson **24. FUNERAL DIRECTOR** Lee H. Hines Co. **ADDRESS** 2901 14 Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A-5-53

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BUREAU V. S.

11270

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Reading Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural, give location) 206 Reading Ave.

3. NAME OF DECEASED (Type or Print) (First) ISABEL (Middle) (Last) KINGDON
4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-28-1869
9. AGE last birthday 84 yrs. If under 1 year Months 7 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Gov't Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Kingdon
14. MOTHER'S MAIDEN NAME Alverda C. Appler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Alverda C. Kingdon 206 Reading Ave., Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause (a)	Cerebral hemorrhage	2 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Essential hypertension	MANY YEARS
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1953, to 11/28, 1953, that I last saw the deceased alive on 11/27, 1953, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Rockville Md. DATE SIGNED 11/28/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-30-53
NAME OF CEMETERY OR CREMATORY Rockville Union Cem.
LOCATION (City, town, or county) Montgomery Co. (State) Md.
DATE REC'D BY LOCAL REG. 11-30-53
REGISTRAR'S SIGNATURE Helen S Eckenfeder
24. FUNERAL DIRECTOR [signature] ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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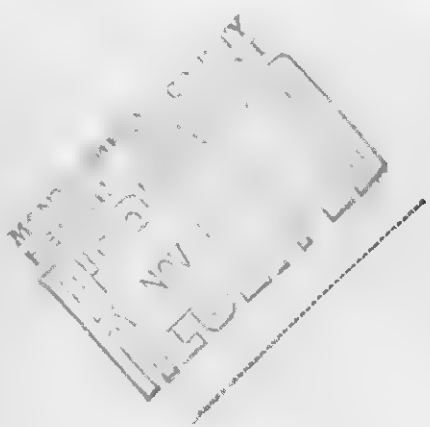
DEC 1
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1272 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) 9 Brooks Ave

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Anderson (Last) Kirkman

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 3-1868

9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR Months 9 Days 10 — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired, RR, Dispatcher, RR, Servic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greensboro N.C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John C. Kirkman

14. MOTHER'S MAIDEN NAME: Adella Armfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: A. Gwinn Kirkman. Gaithersburg. Md,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Congestive Heart Failure due DUE TO to Arteriosclerotic Heart Disease — Interval Between Onset And Death 8 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) Emphysema, — Many years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. — ADDRESS Gaithersburg, Md. — DATE SIGNED Nov. 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-16-53 — NAME OF CEMETERY OR CREMATORY Forest Oak — LOCATION (City, town, or county) (State) Gaithersburg, Md,

DATE REC'D BY LOCAL REGISTRAR Nov 16, 1953 — REGISTRAR'S SIGNATURE Ethel L Cooke

24. FUNERAL DIRECTOR — ADDRESS Ernest C. Gartner, Gaithersburg, Md,

VS. 115

NOV 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 216

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Comus
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Kate (Last) Knouff

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 7, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Knouff
14. MOTHER'S MAIDEN NAME: Rebecca Renneberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr L.A. Renneberger, Nephew - Comus Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 900.0 Congestive Heart failure — Interval Between Onset and Death: 12 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pleural effusion 800 right 750 cc left

DUE TO

(c) 1200 cc writes.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
21c. (City or town) Comus (County) Montgomery (State) Md.

21d. TIME OF INJURY (Month) 11-7-53 (Day) (Year) (Hour) - 2 p. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov 23/53
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Frederick (State) Md

DATE REC'D BY LOCAL REG. 11/21/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5-53

1

BUREAU V

Film#G159 Item # 12 11/30/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 22
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 4618 6th St. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) (none) (Last) Kushner

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Hebrew
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? — USA

13. FATHER'S NAME: Colman Berman
14. MOTHER'S MAIDEN NAME: Esther ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 4 years

DUE TO (c) Generalized arteriosclerosis — Unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary thrombosis — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Nov. 23, 1953, that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at 6.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sydney Leventhal, M.D. 8248 Georgia Ave., Silver Spring, Md. ADDRESS Nov 23, 1953 DATE SIGNED Nov 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-24-53
NAME OF CEMETERY OR CREMATORY Ring Haven Mem Gardens
LOCATION (City, town, or county) Fort Church (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov 23-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B Dangersky & [illegible]
ADDRESS Wash D.C.
3501-14 St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

NOV 24 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural X
LENGTH OF STAY (in this place): 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural give location): 7407 Buffalo Avenue

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Wentz (Last) Lake

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 16, 1871

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months 4, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Wentz

14. MOTHER'S MAIDEN NAME: Virginia Gaither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Daughter: Shirley L Smith, 136 west Belvedera Road, Norfolk, Virginia.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3347 Immediate cause (a) Cerebral Arteriosclerosis — Interval Between Onset And Death: Indef

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis — "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒ X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1953, to Nov. 8, 1953, that I last saw the deceased alive on Nov. 8, 1953, and that death occurred at 1:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J.R. SHANAHAN, LT MC USN — ADDRESS: U.S. Naval Hospital, NNMC, Bethesda, Maryland. — DATE SIGNED: November 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: November 9, 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: November 9, 1953 — REGISTRAR'S SIGNATURE: Beatrice Whittington

24. FUNERAL DIRECTOR — ADDRESS: Takoma Funeral Home, Takoma Park, Maryland.

VS. 115

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lisbon
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) (Last) Lawson

4. DATE OF DEATH: (Month) November (Day) 8, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/24/1913
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mill Operator
10b. KIND OF BUSINESS OR INDUSTRY: Saw-Mill
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Lawson
14. MOTHER'S MAIDEN NAME: Florence Fugate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 705.4 (a) Lupus Erythematosis with terminal congestive heart failure and uremia.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952, to Nov. 8, 1953, that I last saw the deceased alive on Nov. 7, 1953, and that death occurred at 11:14 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. McKendree Boyer M. D. ADDRESS Damascus DATE SIGNED Nov. 9, 1953
M. McKendree Boyer, M. D. Druid Thwaite Building, Damascus, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 10 / 53
NAME OF CEMETERY OR CREMATORY Tedo Farm Nea
LOCATION (City, town, or county) Erdmann (State)

DATE REC'D BY LOCAL REGISTRAR Nov 10-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Roy W. B[illegible] ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 2500 McComas Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) (NMN) (Last) Hawton

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-18-84

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio 32

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Cole

14. MOTHER'S MAIDEN NAME: Hazel (not known)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause (a)	Coronary Thrombosis Left anterior	21 Days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	Moderately severe Diabetes Mellitus	10 years
2. DUE TO (c)	Advanced arteriosclerosis	10 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Non functioning Gall Bladder	3 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1942, to Nov 1, 1953, that I last saw the deceased alive on 11-1, 1953, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kenneth Baughman DMD — ADDRESS 934 Ellsworth Ave. Takoma Park — DATE SIGNED 11-1-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/3/53	Parklawn Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 11-2-1953 — REGISTRAR'S SIGNATURE J. Wilson Dodd — 24. FUNERAL DIRECTOR Warner E. Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. 115

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11578

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING, MD. X
LENGTH OF STAY (in this place) 2 1/2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS JOLLIFFE'S NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WASHINGTON COUNTY D.C. V-48-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASH., D.C.
STREET ADDRESS (If rural, give location) 5313 43RD ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) ANTONIO (Middle) (NONE) (Last) LAZZARI
4. DATE OF DEATH: (Month) NOV. (Day) 22 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 7, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 9 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DELICATESSEN
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: FRANCISCO LAZZARI
14. MOTHER'S MAIDEN NAME: PAULINE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MRS. THERESA KANE 9908 Sutherland Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 332X

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Thrombosis	18 Hours
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cerebral Atherosclerosis	5 YRS.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: July 1953
19b. MAJOR FINDINGS OF OPERATION: Intestinal adhesions - Release of adhesions.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Nov. 22, 1953 that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at 11:56 A.m., from the causes and on the date stated above.

SIGNATURE James A. Roberts (DEGREE OR TITLE) M.D. ADDRESS 8901 Colesville Road Silver Spring, Md DATE SIGNED Nov. 22, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11/25/53
NAME OF CEMETERY OR CREMATORY Mt. Olivet cemetery
LOCATION (City, town, or county) (State) Washington DC
DATE REC'D BY LOCAL REG. Nov. 23/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901 - 14th N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS [redacted] 8709 Ceren Road (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Albena (Middle) M (Last) Leonard

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4/11/1877

9. AGE Last birthday: 76 yrs. — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis LaBlont

14. MOTHER'S MAIDEN NAME: ADELINE DENAUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Ralph Connelly Phone 345-4746 SAME ITEM #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 2604 (a) Diabetic acidosis — DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) unknown — DUE TO

(c)

Interval Between Onset And Death: known many days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive arteriosclerotic heart disease

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1953, to Nov 11, 1953, that I last saw the deceased alive on Nov 10, 1953, and that death occurred at 5:37 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

(Mrs) J. E. Tillett Asst. Troy, New York — Silver Spring Md — Nov 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit — DATE THEREOF Nov. 16, 1953 — NAME OF CEMETERY OR CREMATORY St. Jeans Cemetery — LOCATION (City, town, or county) Troy, New York (State)

DATE REC'D BY LOCAL REGISTRAR 11/11/53 — REGISTRAR'S SIGNATURE [redacted] — 24. FUNERAL DIRECTOR W.W. Chambers — ADDRESS 1400 Chapin St. N. Washington, D.C. W.

VS. [illegible]

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NOV 13 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12350

CERTIFICATE OF DEATH

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rura. X
LENGTH OF STAY (in this place) 1 Hr. 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington V-48-3
STREET ADDRESS (If rural give location) 709 Bradywine Street S.E.,

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) - Henry (Last) Lewis

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 2, 1900

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 10 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy Retired

11. BIRTHPLACE (State or foreign country): Hyattsville, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Henry Lewis

14. MOTHER'S MAIDEN NAME: Annie Louise Sinclair

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI, WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Edith Lewis . Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 260X (a) Thrombosis, Left Coronary artery — Interval Between Onset And Death: 5 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Diabetes, mellitus — 18 months

DUE TO (c) Hypertensive Vascular disease, benign — 7 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Nov. 1, 1953, that I last saw the deceased alive on Nov. 1, 1953, and that death occurred at 9:15 PM, from the causes and on the date stated above.

A.E.Maryland Jr.
(Signature)
A.E.MARLAND Jr., LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. November 2, 1953
(Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF November 5, 1953
NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEMETERY
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR November 2, 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.
ADDRESS

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '281

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Maryland X
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institute of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C. V 4 0 3
STREET ADDRESS (If rural give location) 5816 McArthur Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) (Porter) (Last) Libby

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (Sep.)

8. DATE OF BIRTH: 10 October 1898

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Typist

10b. KIND OF BUSINESS OR INDUSTRY: - -

11. BIRTHPLACE (State or foreign country): Washington, D. C. 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert H. Porter

14. MOTHER'S MAIDEN NAME: Effie Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Medical Records, Clinical Center, Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 170X (a) Uremia, Hypercalcemia, Hepatic Coma secondary to — Interval Between Onset And Death: Several wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Breast with bone and visceral metas- — 19 mos.

(360X) DUE TO (c) tases.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/53, 19 53, to 11/20, 19 53, that I last saw the deceased alive on 11/20/53, 19 53, and that death occurred at 6.30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. B. Sheer MD — ADDRESS NIH Clinical Center — DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11-24-53 — NAME OF CEMETERY OR CREMATORY Congressional Cemetery — LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR 11/23/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS: Lee's Funeral Home, Wash., D. C.

VS. 1

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural X
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia — COUNTY [redacted]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 120 School Street

3. NAME OF DECEASED: (First) Leves (Middle) [redacted] (Last) Madden
4. DATE OF DEATH: (Month) November (Day) 11 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 2, 1895
9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months 6, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government Worker
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Marion Madden
14. MOTHER'S MAIDEN NAME: Sally McLusky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WWI - WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife: Mary L. Madden Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause 162	(a) DUE TO	Hemorrhagic pericarditis	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Bronchogenic carcinoma	2 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 19 53, to Nov. 11, 19 53, that I last saw the deceased alive on Nov. 11, 19 53, and that death occurred at 12:50 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J.J. Dempsey, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. November 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF November 13, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR November 12, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS
Chambers Funeral Home, 307 M Street, N.W., Washington, D.C.

VS. 416

NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda 1 LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 17 Hesketh St

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) (Last) Maguire
4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 10-8-1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 1 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Clark
14. MOTHER'S MAIDEN NAME: Hipple

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Col. AP. Clark - 4707 Albemarle, N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion, acute — Interval Between Onset And Death: 9 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Heart Disease — 3 yrs.
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Papillary Carcinoma Bladder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1953 to Nov. 12, 1953 that I last saw the deceased alive on Nov 11, 1953, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney Cobourne M.D. ADDRESS 3921 Ingomar St NW Wash D.C. DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/16/1953
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 11/12/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

NOV 16 19[illegible]

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place) x
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 257 Montgomery Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Wilkerson (Last) Marshall

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-26-'88

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months 9 Days 14 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Baker-Retired

10b. KIND OF BUSINESS OR INDUSTRY: OWNER

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Harvey Marshall

14. MOTHER'S MAIDEN NAME: Margaret Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frank Wilkerson Marshall 257 Montgomery Ave. Rockville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

51 x x

Immediate cause (a) Cardiac anox + Cerebral thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Empyema lt x

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 14 1953 — **19b. MAJOR FINDINGS OF OPERATION:** Tuberculoma Left Upper lobe — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) [redacted] m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1953 to Nov. 10, 1953, that I last saw the deceased alive on 11/10/, 1953, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

SIGNATURE M.D. (Degree or title) — ADDRESS 1801 K St. N.W. Wash 6 D.C. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit — DATE THEREOF 11/13/53 — NAME OF CEMETERY OR CREMATORY Thornerose — LOCATION (City, town, or county) (State) Augusta Co. Virginia

DATE REC'D BY LOCAL REGISTRAR 11/14/53 — REGISTRAR'S SIGNATURE [signature] — **24. FUNERAL DIRECTOR** Robert A. Pumphrey — ADDRESS Bethesda, Md

VS. 1-10

RECEIVED

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 815 - 21st St, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Stephen (Last) McCarty
4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb. 2, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Telegraph
10b. KIND OF BUSINESS OR INDUSTRY: Western Union
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel C. McCarty
14. MOTHER'S MAIDEN NAME: Elizabeth French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr. Bernard McCarty - ~~Longman Washington~~ 5825 North Arlington, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

200.0

Immediate cause (a) Reticulum cell Sarcoma, Media - stinal & cortic lymph nodes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

Interval Between Onset And Death: ? years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Massive myocardial scarring. old coronary disease — years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Nov, 1953, to 27 Nov, 1953, that I last saw the deceased alive on 26 Nov 1953, and that death occurred at 12 52 pm from the causes and on the date stated above.

SIGNATURE A. H. Richwine (Degree or title) MD. ADDRESS 5522 Western Ave Ch. 15 Md DATE SIGNED 27 Nov. 53.

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 11/30/53 — NAME OF CEMETERY OR CREMATORY Washington Nat'l — LOCATION (City, town, or county) Suitland (State) Md
DATE REC'D BY LOCAL REGISTRAR 11/30/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 1400 Chapin St. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
DEC 3 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 1285

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 4209 Matthews Lane

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) Pauline (Last) Miller

4. DATE OF DEATH (Month) Nov. (Day) 22, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 28, 1929
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months 10 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Oscar Hasse
14. MOTHER'S MAIDEN NAME: Edna M. Dill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: L.B. Miller-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 973.2 (a) Presumably Barbituarte poising
DUE TO self administered - Final [illegible]
Antecedent cause(s) (b) [illegible]
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) [illegible] by State [illegible]

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit
DATE THEREOF 11-24-53
NAME OF CEMETERY OR CREMATORY Crown Hill
LOCATION (City, town, or county) (State) Indianapolis, Indiana

DATE REC'D BY LOCAL REG. 11-24-53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]A-5-53

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 434 Ethan Allen Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Moffett

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: November 28 1953

9. AGE Last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 0 Days 1 — IF UNDER 24 HRS.: Hours 11 Min. 20

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Kenneth Elwood Moffett

14. MOTHER'S MAIDEN NAME: Barbara Jean Halsted

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Kenneth Elwood Moffett Same as #Pabove

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1625

Immediate cause (a) Congenital atelectasis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Immaturity — DUE TO

(c) Prematurity

Interval Between Onset And Death: Duration of life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1953, to Nov. 29, 1953, that I last saw the deceased alive on Nov. 29 1953 and that death occurred at 9:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H.O. RANDEL, LT MC USN — ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED November 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF November 30 1953 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR November 30, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Takoma Funeral Home, 254 Carroll Avenue, N.W., Washington, D.C.

VS. 215

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RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11288

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md. — LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible] INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Moore

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 6, 1953.

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours 4 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Newborn

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Earl Moore, Jr.

14. MOTHER'S MAIDEN NAME: Dorothy Louise Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Dorothy Louise Smith Clarksville Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 776X (a) Prematurity (5 mos - 13 oz) — Interval Between Onset And Death: 4 hours

Antecedent causes (b) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1953, to 11/6, 1953, that I last saw the deceased alive on 11/6, 1953, and that death occurred at 11:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles E. Whitaker, M.D. ADDRESS Clarksville Md. DATE SIGNED 11/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-7-53 — NAME OF CEMETERY OR CREMATORY Hopkins Chapel — LOCATION (City, town, or county) (State) Highland, Md

DATE REC'D BY LOCAL REGISTRAR Nov 7-53 — REGISTRAR'S SIGNATURE Gertrude B Lawlor — 24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md — ADDRESS

21X3194220

VS. 216

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1959)

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney, ✓
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS M... GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksville
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Moore
4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: November 6, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Newborn
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Earl Moore, Jr.
14. MOTHER'S MAIDEN NAME: Dorothy Louise Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Dorothy Louise Smith Clarksville Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
Immediate cause (a) Prematurity (5 mos - 14 os) Interval Between Onset And Death 4 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1953, to 11/6, 1953, that I last saw the deceased alive on 11/6, 1953, and that death occurred at 11:00 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 11/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-7-53
NAME OF CEMETERY OR CREMATORY Hopkins Chapel
LOCATION (City, town, or county) (State) Highland, Md
DATE REC'D BY LOCAL REGISTRAR Nov 7 - 53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

21X3193220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-15

.3
U V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rocky Mountain
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Deba (Middle) Gail (Last) Moore
4. DATE OF DEATH: (Month) November (Day) 6 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: October 23,1953
9. AGE last birthday: 14 days yrs. IF UNDER 1 YEAR Months Days 14 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: David Eugene Moore
14. MOTHER'S MAIDEN NAME: Marland L.Poff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father:David Eugene Moore same as #2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Prematurity — 14 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple congenital abnormalities

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct.27 1953, to Nov 6, 1953, that I last saw the deceased alive on Nov 6, 1953, and that death occurred at 1845, from the causes and on the date stated above.

SIGNATURE (Degree or title) T.E.CONE,JR., CDR MC USN — ADDRESS U.S.Naval Hospital,NNMC, Bethesda, Maryland — DATE SIGNED Nov. 8,1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal burial
DATE THEREOF 8 November 1953
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Rocky Mountain (State) Virginia
DATE REC'D BY LOCAL REGISTRAR 8 November
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR W.W.Chambers Funeral Home, 1400 Chapin Street N.W., Washington, D.C. ADDRESS

9V0399V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md.
LENGTH OF STAY (in this place) Part of one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural, give location) 7012 Woodland Ave

3. NAME OF DECEASED: (Type or Print) (First) ~~Mother~~ (Middle) (Last) Motter

4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: 11-7-53.
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 7 Min. 44

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Takoma Park Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Lester Motter
14. MOTHER'S MAIDEN NAME: Marjorie Temple Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 77wt (a) Premature (5 to 6 months) — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1953, to Nov 7, 1953, that I last saw the deceased alive on Nov 7, 1953, and that death occurred at 11 03 a.m., from the causes and on the date stated above.

SIGNATURE Philip E. Jones M.D. (DEGREE OR TITLE) 9.8 Ellsworth Drive ADDRESS Silver Spring Md DATE SIGNED 11-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 11-11-53
NAME OF CEMETERY OR CREMATORY Wash. San & Hosp.
LOCATION (City, town, or county) (State) Takoma Park, Md

DATE REC'D BY LOCAL REG. Nov. 11-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR R. A. Hare, M.D. ADDRESS Wash San & Hosp Takoma Park Md.

20X3281274

Permission received from bath parents

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5417 Harwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5417 Harwood Road

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) L. (Last) MULLER

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 3, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Apr. 4, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Month 6 Days 29 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Plunkett
14. MOTHER'S MAIDEN NAME: Susan Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: B.W.Hogan-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) DUE TO	Acute heart failure	24 h.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	acute glomerulonephritis and	43 days.
260X)	(c)	congestive heart failure	30 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 12 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1953, to Nov. 3, 1953, that I last saw the deceased alive on Nov. 3, 1953, and that death occurred at 8 20 p.m., from the causes and on the date stated above.
SIGNATURE E. Fram Guenero (Degree or title) M.D
ADDRESS 901-20th St. N.W.
DATE SIGNED 11-3-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-6-53
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) Baltimore (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 11/4/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216 ... 293

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 8513 Rosewood Drive

3. NAME OF DECEASED: (Type or Print) (First) Emilie (Middle) — (Last) Muller

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 25 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months 6 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: Unteeberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. George H. Muller — 8513 Rosewood Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia, all lobes — Interval Between Onset And Death: ? days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Terminal Miliary Tuberculosis, lungs — ? months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema and Arteriosclerosis

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Nov 26, 1953, that I last saw the deceased alive on 11/26, 1953, and that death occurred at 3.55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H. Gold M.D. ADDRESS 8016 Georgetown Rd. Beth. Md. DATE SIGNED 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit

DATE THEREOF 11/28/53

NAME OF CEMETERY OR CREMATORY Kensico

LOCATION (City, town, or county) (State) Westchester Co. New York

DATE REC'D BY LOCAL REGISTRAR 11/30/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Md

VS. 5/5

RECEIVED
DEC 3 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY 16 x 2
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 5434 41st St. N.

3. NAME OF DECEASED (Type or Print) (First) ANNABELL (Middle) SERVICE (Last) MURPHY
4. DATE OF DEATH (Month) NOV (Day) 13 (Year) 1953
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY School Teacher
11. BIRTHPLACE (State or foreign country) WASH. D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM T. MURPHY
14. MOTHER'S MAIDEN NAME MARY SERVICE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Dr. Joseph Murphy 7 Observatory Gr. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
22 hr Immediate cause	(a) Right Hemiplegia, Severe	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension and	Unknown
	(c) cerebral Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 13, 1953, to Nov 13, 1953, that I last saw the deceased alive on Nov 13, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Stewart Clapp (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash. D.C. DATE SIGNED Nov. 13 '53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-16-53 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/16/53 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS 5103 Wisc. Ave. N.W. Wash.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Mr. Broschart notified
and has cleared for handling
in the usual manner

Mr. S. Cleff

BUREAU V. S.
NOV
RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '53

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BETHESDA RURAL
LENGTH OF STAY (in this place): 1 Hour 29 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: VIRGINIA — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Quantico
STREET ADDRESS (If rural give location): Marine Corps Schools

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Myers

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: November 28, 1953

9. AGE last birthday: 0 Yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 1 Min. 29

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Donald A. Myers

14. MOTHER'S MAIDEN NAME: Milmar Salaun

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Donald A. Myers Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Immaturity — Interval Between Onset And Death: 1½ hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Nov. 28, 19 53, to Nov. 28, 19 53, that I last saw the deceased alive on Nov. 28, 1953, and that death occurred at 1:50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. J. PASCOE, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. November 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** December 2 1953 — **NAME OF CEMETERY OR CREMATORY** Arlington National Cemetery — **LOCATION** (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR November 30 1953 — **REGISTRAR'S SIGNATURE**

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, **ADDRESS** 7557 Wisconsin Avenue, Bethesda, Maryland.

20X3256260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 216

RECEIVED
DEC 4 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 1 Month 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 22
STREET ADDRESS (If rural give location): 1410 Stengle Avenue

3. NAME OF DECEASED (Type or Print): (First) Joy (Middle) Carol (Last) Nealis

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 24 1953

9. AGE last birthday: 0 yrs. — IF UNDER 1 YEAR: Months 4 Days 15 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James G. Nealis

14. MOTHER'S MAIDEN NAME: Gloria D. Morgereth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother: Gloria D. Nealis Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

Immediate cause (a) Congenital Heart Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Situs Inversus & Levocardia
DUE TO (c)

Interval Between Onset And Death: 4 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Sept. 30, 19 53, to Nov. 9, 19 53, that I last saw the deceased alive on Nov. 9, 19 53, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE AND (Degree or title): D. J. PASCOE, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. — ADDRESS — DATE SIGNED: November 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** November 10, 1953 — **NAME OF CEMETERY OR CREMATORY:** Sacret Heart of Mary Cemetery — **LOCATION** (City, town, or county) (State): Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR: November 10, 1953 — **REGISTRAR'S SIGNATURE:** Edith Worthington

24. FUNERAL DIRECTOR — **ADDRESS:** William Cook Inc. Funeral Home, 1217 St. Paul Street, Baltimore, Maryland.

VS-1

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NOV 16 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2011 Hanover St.

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Andrew (Last) Nelson
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9-15-01
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nels Nelson
14. MOTHER'S MAIDEN NAME: Sina E Nielson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-32-9364
17. INFORMANT & ADDRESS: Wife Mrs. Emma Nelson - same as above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 (a) Acute myocardial failure — Interval Between Onset And Death: hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Acute Coronary Artery Occlusion left anterior descending branch — 7 days

DUE TO

(c) Generalized arteriosclerosis, moderate — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-, 1945, to 11-25, 1953, that I last saw the deceased alive on 11/25, 1953, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE M. Schoemaker M.D. (Degree or title) 8005 Woodbury Drive ADDRESS Silver Spring, Md. DATE SIGNED 11-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/28/53
NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery
LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR: Dec 2 1953
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 116

RECEIVED
DEC 7 [illegible]3
BUREAU V. S.

Film#G159 Item # 13, 14 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 707 Bonifant St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 707 Bonifant Street

3. NAME OF DECEASED: (Type or Print) (First) Anna Virginia (Middle) Roach (Last) Newman

4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/28/79

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Lansburghs Dept. Store

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Clay Roach

14. MOTHER'S MAIDEN NAME: Sarah Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary E. Herrmann, 707 Bonifant St. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — DUE TO — Interval between onset and death: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) OF INJURY (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/13/53

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State) Prince Geo. County, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

BUREAU V.

20-22 wks.
weight - 13 oz.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver spring
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver spring X
STREET ADDRESS (If rural give location) 9003 Garland Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) O'Connell

4. DATE OF DEATH: (Month) Nov. (Day) 1st (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Oct 31st 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): 1 94

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. O'Connell

14. MOTHER'S MAIDEN NAME: Sarah E. Morris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 761.0 (a) Premature Separation of Placenta

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) No evident Cause

DUE TO

(c)

Interval Between Onset And Death: 2 Hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1953, to Nov 1, 1953, that I last saw the deceased alive on Nov 1, 1953, and that death occurred at 12 15/60, from the causes and on the date stated above.

SIGNATURE Leslie V. Dell (Degree or title) M.D ADDRESS 2431 K St N.W. Washington DC DATE SIGNED Nov 1. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11/3/53 NAME OF CEMETERY OR CREMATORY SUBURBAN HOSPITAL LOCATION (City, town, or county) (State) BETHESDA, MARYLAND

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Amelia Manry Carter, Supt. per A.S.B. ADDRESS

1003283210

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11300
Reg. Dist. No. 216

V-323

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ohio — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairborn (suburb of Dayton)
STREET ADDRESS (If rural give location) 33 S. Maple St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas George (Middle) (Last) O'Keefe

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Shipping agent

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas O'Keefe

14. MOTHER'S MAIDEN NAME: Caroline Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: 278-03-7709

17. INFORMANT & ADDRESS: Medical record - The Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of the lung with metastases to lymph-

DUE TO nodes and adrenals. Pulmonary edema, severe.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: 2 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic emphysema with bronchiectasis. Generalized arteriosclerosis

19a. DATE OF OPERATION: Nov. 13, 1953 - 19b. MAJOR FINDINGS OF OPERATION Bronchoscopy. Poorly differentiated adenocarcinoma metastatic to lymph node.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - (COUNTY) - (STATE) -

TIME OF INJURY (Month) - (Day) - (Year) - (Hour) - m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? - - -

22. I hereby certify that I attended the deceased from Nov. 6, 1953, to Nov. 22, 1953, that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. L. Faherty, M.D. ADDRESS The Clinical Center National Institutes of Health DATE SIGNED Nov. 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit DATE THEREOF 11-23-53 NAME OF CEMETERY OR CREMATORY Greenlawn LOCATION (City, town, or county) Scioto Co., (State) Ohio

DATE REC'D BY LOCAL REGISTRAR 11/24/53 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR Robert Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington ✓ LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4817 Edgefield Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington ~~Rd~~
STREET ADDRESS (If rural, give location) 4817 Edgefield Rd

3. NAME OF DECEASED (Type or Print) (First) Jerome (Middle) Kay (Last) Oscar
4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 10-5-1899
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Statistical Clerk
10b. KIND OF BUSINESS OR INDUSTRY Assoc Am. RR
11. BIRTHPLACE (State or foreign country) Miss
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Barnhardt Oscar
14. MOTHER'S MAIDEN NAME Ella Kaplan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ruth Oscar - same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-20-53

23. BURIAL, CREMATION REMOVAL (Specify) CREMATION DATE THEREOF 11-20-53 NAME OF CEMETERY OR CREMATORY FORT LINCOLN LOCATION (City, town, or county) COLMARNANOR (State) Md.
DATE REC'D BY LOCAL REG. 11/21/53 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR The S. H. HINES Co. ADDRESS 2901-14 St N.W. WASHINGTON.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

RECEIVED
NOV 23 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11202

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 818 Viers Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) (Last) Ott
4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 26, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mason L. Sipes
14. MOTHER'S MAIDEN NAME: Katherine Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Edward M. Ott, 818 Viers Mill Road Rockville, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443x

Immediate cause (a) Cerebro-vascular accident recurrent — 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-vascular Disease — yes

DUE TO (c) Generalized Arteriosclerosis — yes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro vascular accident c̄ hemiplegia — 10 wks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/5, 1953, to 11/30, 1953, that I last saw the deceased alive on 11/29, 1953, and that death occurred at 9:10 am from the causes and on the date stated above.

SIGNATURE C. Hogan (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 12/3/53
NAME OF CEMETERY OR CREMATORY Everett Cemetery
LOCATION (City, town, or county) Everett, Bedford County, (State) Pa.
DATE REC'D BY LOCAL REGISTRAR Dec 4 - 53
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214 (1203)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Silver Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10,215 Woodmoor Circle

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 10,215 Woodmoor Circle

3. NAME OF DECEASED: (Type or Print) (First) Eunice (Middle) Muir (Last) Peregoy

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/26/96

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Princess Anne, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Edward Muir

14. MOTHER'S MAIDEN NAME: Mariah Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-32-4414

17. INFORMANT & ADDRESS: Mr. Joseph Peregoy 10,215 Woodmoor Circle, Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive heart disease DUE TO — Interval Between Onset And Death: 2 a 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes Chronic nephritis.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov 9, 1953, that I last saw the deceased alive on Nov 9, 1953, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Andrews M.D. 960 Colesv. Rd. Si. Spring Md 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 10/12/53 NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/11/53 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Warner & Humphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

VS. 215

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) #6 Lauer Terrace

3. NAME OF DECEASED: (Type or Print) (First) JEROLD (Middle) PATTON (Last) PHILLIPS
4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 6, 1911
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wash. Tariff + Rate Bureau
10b. KIND OF BUSINESS OR INDUSTRY: Govn
11. BIRTHPLACE (State or foreign country): Greenfield, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Harry J. Phillips
14. MOTHER'S MAIDEN NAME: Hazel Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Magdeline Phillips #6 Lauer Ter. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 2½ yrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)
356.1

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18 1951., to Nov. 23, 1953, that I last saw the deceased alive on 11/4 1953., and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John F. Finnegan 1746 K St. N.W. 11/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-27-53
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince Georges Co., Md.

DATE REC'D BY LOCAL REG. 11/23/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR ADDRESS The S.H. Hines Co. 2901-14th St. N.W.

mnl

8-51

Coroner notified - will appear
John F. Finnegan
Asst.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the words of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural X
LENGTH OF STAY (in this place): 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): 917 Maple Avenue

3. NAME OF DECEASED: (Type or Print) (First) Orville (Middle) Roland (Last) Phillips

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White	Married	January 16, 1892	61 yrs.	Months 9 Days 15	Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerical worker	U.S.Govt.Clerk	Ottumwa Iowa	U.S.

13. FATHER'S NAME: Roland Phillips

14. MOTHER'S MAIDEN NAME: Mary Hannah

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WWI, WWII		Wife: Virginia M. Phillips Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 1627 Metastatic carcinoma (primary in rt lung) — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 19 53 to Nov. 1, 19 53, that I last saw the deceased alive on Nov. 1, 19 53 and that death occurred at 2:20 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. J. DEMPSEY, LT MC USN, U.S.Naval Hospital,NNMC,Bethesda,Maryland. November 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	November 5,1953	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
November 2, 1953	Edith Whittington	R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. 115

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON SANITARIUM & HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Baby Girl Polley

4. DATE OF DEATH: (Month) (Day) (Year) 11 24 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11-22-53

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Takoma Pk., Md

12. CITIZEN OF WHAT COUNTRY? U.

13. FATHER'S NAME: Joseph Sanderson Polley

14. MOTHER'S MAIDEN NAME: Mildred Louise Hashaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776 X

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1953, to 11/24/53, that I last saw the deceased alive on 11/24, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE George R. Greene M.D. (DEGREE OR TITLE) ADDRESS 927 Pershing Dr. Felix Grove DATE SIGNED 11/24/53

23. BURIAL, CREMATION REMOVAL, (Specify): Buried

DATE THEREOF 11/25/53

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. Nov 25 1953

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. Wm Lees Sons Co. ADDRESS 300 - 4th St. N.E. Wash. D.C.

20X3382290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 12
LENGTH OF STAY (in this place) 28 Hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 12
STREET ADDRESS (If rural give location) 8408 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Elizabeth (Last) Pugh
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-16-82
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Nursing Home Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Fyock
14. MOTHER'S MAIDEN NAME: Sarah Replogle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-48-5604
17. INFORMANT & ADDRESS: Old record & patient

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause
(a) Coronary Thrombosis with Myocardial infarction causing Congestive Heart failure — Interval Between Onset And Death: 2 wk history

Antecedent causes(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerotic Heart Disease — years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1953, to 11-21, 1953, that I last saw the deceased alive on 11-21, 1953 and that death occurred at 8 50 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) De Voe K. Meade M.D. ADDRESS Takoma Park 12, Md. DATE SIGNED 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 24, 1953
NAME OF CEMETERY OR CREMATORY George Washington Cem.
LOCATION (City, town, or county) Riggs Rd., Hyattsville, Pr. Geo. Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 23-1953
REGISTRAR'S SIGNATURE J. Tilton Dodd
24. FUNERAL DIRECTOR Arthur Walters 24 Carroll St., N.W. Takoma Park 12, D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, MD~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5503 CENTER STREET

2. USUAL RESIDENCE (HOME) OF DECEASED:
~~Maryland~~ STATE Montgomery COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 5503 - Center St.

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) MARIE (Last) REED

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 11, 1899

9. AGE last birthday: ~~53~~ 54 yrs. IF UNDER 1 YEAR: Months 4 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Secretary (Rex)

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Kegg

14. MOTHER'S MAIDEN NAME: Elizabeth Kauffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Chester A. Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage & left hemiplegia — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malignant hypertension — 5 years

DUE TO (c) Cerebral arteriosclerosis — Chronic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1953, to Nov 23, 1953, that I last saw the deceased alive on Nov 22, 1953, and that death occurred at 8.35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Nicholas M.D. — ADDRESS 2200-19th St. N.W. Wash. D.C. — DATE SIGNED 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/25/1953 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 11/24/53 — REGISTRAR'S SIGNATURE Bessie N. Thompson — 24. FUNERAL DIRECTOR Robert A. Humphrey — ADDRESS Bethesda, Md

VS. A15

REGISTERED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lane - Ednor; LENGTH OF STAY (in this place) 9 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Ednor; STREET ADDRESS (If rural, give location) Cedar Lane

3. NAME OF DECEASED (Type or Print): (First) Vernon (Middle) Simmers (Last) RHINEHART

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 22 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: Benjamen Franklin Rhinehart

14. MOTHER'S MAIDEN NAME: Mary Catherine Simmers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 175-34-3164

17. INFORMANT: Charles Rhinehart - son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma of the Pancreas. — Interval Between Onset and Death: 6-8 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 11/13/53

19b. MAJOR FINDINGS OF OPERATION: Biopsy - Metastatic Ca.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Nov. 22, 1953, that I last saw the deceased alive on Nov 20, 1953, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard A. Yates M. Dr Olney, Md 11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov 25 '53

NAME OF CEMETERY OR CREMATORY Zion Hill

LOCATION (City, town, or county) (State) Brookeville Md

DATE REC'D BY LOCAL REG. Nov 23-53

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W. Brashears

ADDRESS Laytonsville Md

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

310

1. PLACE OF DEATH: Montgomery
COUNTY Maple lane Sanitarium MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Sp Md.
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9810 - Ga Ave. Maple lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D C.
STREET ADDRESS (If rural give location) 10 12 K St NE. W. D C.

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) (Last) RIDOLFI
4. DATE OF DEATH: (Month) NOV. (Day) 2 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-25-1853
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ireland. SP Foreign -
12. CITIZEN OF WHAT COUNTRY? ~~Ireland~~ U.S.A. U.S.A.

13. FATHER'S NAME: Patrick Murphy.
14. MOTHER'S MAIDEN NAME: Catherine. O. Brien

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) GENERALIZED CARCINOMATOSIS
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying [redacted] last. (b) CARCINOMA OF BREAST
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC MYOCARDITIS

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 10, 1953, to NOV. 2, 1953, that I last saw the deceased alive on NOV. 2, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE Henry M. Lowden (Degree or title) M.D. ADDRESS 5206 Norway Dr. Chevy Chase Md DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-2-53 NAME OF CEMETERY OR CREMATORY WASHINGTON D C LOCATION (City, town, or county) (State) WASH D C

DATE REC'D BY LOCAL REGISTRAR 11-2-53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR THOMAS HANLON ADDRESS 3531 Ga Ave NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
NOV 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 3/6

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 2 years 1 month — HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. — STREET ADDRESS (If rural give location) 2480—16th St. N.W. Wash. D.C.

3. NAME OF DECEASED: (Type or Print) (First) Viola (Middle) M. (Last) Rout

4. DATE OF DEATH: (Month) Nov. (Day) 5th (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Single	Mch 27-1879	74 yrs.	7 / 8	— / —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas J. Rout

14. MOTHER'S MAIDEN NAME: Mary DeLane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Thomas J. Rout, Jr. 2480—16th St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic myocardial insufficiency — 2 years

422.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5th, 1951, to Nov. 5th, 1953, that I last saw the deceased alive on Nov. 5th, 1953, and that death occurred at 6.49 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wheeler D. Huff — M.D. — ADDRESS 4529 Maple Ave. Bethesda, Maryland. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/7/53 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Washington, DC

DATE REC'D BY LOCAL REGISTRAR 11/6/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Francis J. Collins — ADDRESS 3821-14th St. N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1903
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Echo X
STREET ADDRESS (If rural give location) 203 Cornell ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Constance Jean Ruedi

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 8 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: November 7/53
9. AGE last birthday: New-Born yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 20 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A Ruedi
14. MOTHER'S MAIDEN NAME: Mary Lydia Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
762.5 Immediate cause	(a) Asphyxia ~~from upper respiratory tumors~~	20 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Upper respiratory tumors	20 hours
	DUE TO (c) Deficient respiratory effort	20 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity month.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1953, to Nov. 7, 1953, that I last saw the deceased alive on Nov 7, 1953 and that death occurred at 8.40, from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] MD ADDRESS 8016 Newington Rd DATE SIGNED 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF 11-9-53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville, Md.
DATE REC'D BY LOCAL REGISTRAR 11/9/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert A. Phumphrey Jr. ADDRESS Bethesda Md.

20X3383321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . . 13

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE (District Columbia) COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1110 57th Avenue, SE,

3. NAME OF DECEASED: (Type or Print) (First) Miguel (Middle) (n) (Sauquillo) Sanguillo
4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Malayan
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 29 September 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cavite, Phillipine Islands
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Seguneo SANQUILLO
14. MOTHER'S MAIDEN NAME: Mercedes Paras
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 15 June 1909 to 1 June 1939
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife: Ermion SANQUILLO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

OCDX

Immediate cause (a) Pulmonary hemorrhage, massive

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pulmonary cavitation with miliary spread pulmonum
DUE TO (c) Chronic fibrocaseous Tuberculosis and TB pneumonia 12 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3 19 53 to Nov 7 , 1953 , that I last saw the deceased alive on 7 Nov 19 53 and that death occurred at 2:10 AM , from the causes and on the date stated above.
SIGNATURE W.T. Hall (Degree or title) W.T.HALL, LT MC USNR
ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED 8 Nov 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-burial
DATE THEREOF 8 November
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) ~~Virginia~~
DATE REC'D BY LOCAL REGISTRAR 8 Nov 1953
REGISTRAR'S SIGNATURE Edith Cottington
24. FUNERAL DIRECTOR ADDRESS W.W.Chambers Funeral Home 517 11th St., S.E., Washington, D.C.

VS-A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural) R-3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg (rural)
STREET ADDRESS (If rural, give location) R-3

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Frederick Schwartzback Jr.
4. DATE OF DEATH (Month) (Day) (Year) Nov 25 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-5-1897
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer in life stock
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Frederick Schwartzback
14. MOTHER'S MAIDEN NAME Lilly Handley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Gene Schwartzback (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.C. ADDRESS Gaithersburg Md DATE SIGNED 11-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-28-53
NAME OF CEMETERY OR CREMATORY Darnestown Church Cem.
LOCATION (City, town, or county) (State) Darnestown, Maryland

DATE REC'D BY LOCAL REG. 11-30-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

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DEC 1 1 03
BUREAU V

Film#G159 Item# 7, 11, 13, 14, 11/2[illegible] [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN S. Spring X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boswell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE D.C. COUNTY X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) # 3 - SHERMAN Circle N.W.

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) N. (Last) [illegible]
4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1953

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Feb 15, 1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Johnston, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Matthews
14. MOTHER'S MAIDEN NAME Catherine Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) Cachexia

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4, 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)
DATE THEREOF 11-8-53
NAME OF CEMETERY OR CREMATORY Wash. D.C.
LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Hanlon Funeral Home 3831 [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 W. Kirk Street	STREET ADDRESS (If rural give location) 7 W. Kirk Street

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) C. (Last) SEEGER

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Jul.3,1901	52 yrs.	4	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Musician	Self Emp.	Ohio	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Clark Crawford	Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		578-16-2456	C. L. Seeger- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x

Immediate cause (a) Carcinomatosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Soft Colon DUE TO

(c)

Interval Between Onset And Death: 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 17, 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid c̄ Gland metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 13, 1953 to 18 Nov, 1953, that I last saw the deceased alive on 17 Nov, 1953, and that death occurred at 12:00 Noon from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward C. Wilson Jr. M.D. ADDRESS 1801 - Eye St. N.W. DATE SIGNED Wash. D.C. - 18 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	11-19-53	Cedar Hill	Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 11/20/53 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

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NOV 20
BUREAU V. S.

Item 21 Film G160 12-7-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3715 Lawrence Ave

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Rush (Last) Seek
4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 17, 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Bricklayer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emor E. Seek
14. MOTHER'S MAIDEN NAME: Carrie Heaps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Edna M. DeLaRosa — 3715 Lawrence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

936.5

Immediate cause (a) Subarachnoid hemorrhage due

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) to perforating wound of left orbit

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY In car on street
21c. (City or town) Silver (County) Spring, Montg. (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 24-53 - 7 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Undetermined. Blunt obstacle penetrated orbit

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☒.

SIGNATURE Frank J. Broerhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11 24 53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF Nov 27 1953
NAME OF CEMETERY OR CREMATORY Colesville Cemetery
LOCATION (City, town, or county) Colesville Montg'o (State) Md.

DATE REC'D BY LOCAL REG. 11/27/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. Arthur Wallace ADDRESS 254 Carroll St NW. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-[illegible]5A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1228 Emerson St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (None) (Last) Seidenberg
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Caus
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-27-87
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Real Estate
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland 56
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Morris Seidenberg
14. MOTHER'S MAIDEN NAME: Diane Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records - Washington San & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1953, to 11-1, 1953, that I last saw the deceased alive on 10-31, 1953 and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE Isidore Ahlman (Degree or title) M.D. ADDRESS 915-19th St. N.W. DATE SIGNED Wash. D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 2, 1953 NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemet. LOCATION (City, town, or county) Md. Inter Co (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 1, 1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B. Danzansky & Son ADDRESS 3501-14 St N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 8510 Bradmoor Dr.

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) M. (Last) Seymore
4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 9-25-1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington - D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Kanode
14. MOTHER'S MAIDEN NAME: Blanche Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Frank J. McGuire, 101 Devon Rd. Claymont, Del.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Generalized carcinomatosis — Interval Between Onset And Death: 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Adeno-carcinoma of cervix — 3½ yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Sept. 1952
19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to November 14, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 8:25 pm, from the causes and on the date stated above.

SIGNATURE Roger Kurtz (Degree or title) M.D. ADDRESS 3701 Connecticut Ave. N.W. DATE SIGNED 11-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-16-53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Prince George Co
DATE REC'D BY LOCAL REGISTRAR 11-16-53 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901 - 14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 209 days - 7 hrs 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) Box 24

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Ball (Last) Shawaker

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 16 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 6 Days 29 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur J. Ball
14. MOTHER'S MAIDEN NAME: Emma Jane Probert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Earl L. Williams Box 24 Gaithersburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 X

Immediate cause (a) Anemia, malignancy — Interval Between Onset And Death: 2 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pyonephrosis, bilateral — 2 months

DUE TO

(c) Adenocarcinoma, rectum — 7 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3 24 Apr 53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma, rectum
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1953, to Nov. 15, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Edwin McLaurin M.D. ADDRESS 1801 Eye St. NW. DATE SIGNED Nov. 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/19/1953
NAME OF CEMETERY OR CREMATORY Greenlawn
LOCATION (City, town, or county) (State) Franklin Co. Ohio
DATE REC'D BY LOCAL REGISTRAR 11/16/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Roberts A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 13 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1321

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4421 Jupiter St Wheaton City

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 4421 Jupiter St Wheaton City

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) Miller (Last) SPIRO
4. DATE OF DEATH (Month) Nov (Day) 1 (Year) 1953
5. SEX Fem
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 12-18-'89
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Abel Miller
14. MOTHER'S MAIDEN NAME Ida Cohen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs Celia A Fuchsman 4421 Jupiter St Wheaton City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-1-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-3-1953
NAME OF CEMETERY OR CREMATORY Harrisonburg Cem
LOCATION (City, town, or county) Harrisonburg (State) Va.

DATE REC'D BY LOCAL REG. 11-2-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Goesburg Funeral Home ADDRESS 4217-9 St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

RECEIVED
NOV 5 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]22

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1965 Seminary Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md
STREET ADDRESS (If rural give location) 1965 Seminary Rd

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) M. (Last) Stevens

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Oct. 2, 1874

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): U. S. Government (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Edward Moore

14. MOTHER'S MAIDEN NAME: Anne Tait

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Margaret Colvin, 1965 Seminary Pl. Silver Spring, Md.

4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) ..... cerebral hemmorhage ..... Interval Between Onset And Death: 3 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ... cerebral arteriosclerosis 5 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: L

19b. MAJOR FINDINGS OF OPERATION L

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) L

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) L (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Nov., 19 53 that I last saw the deceased alive on Nov 23, 1953 and that death occurred at 7 AM Nov 24, 53 from the causes and on the date stated above.

SIGNATURE (Degree or title) Patrick C. Cameron M.D. ADDRESS 1100 Seminary Rd DATE SIGNED Nov 24, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/27/53 NAME OF CEMETERY OR CREMATORY St. John's Cemetery LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 11-25-53 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Warner E. Pumphrey, 8434 Ga. Ave. Silver Spring, Md.

VS. 15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairhaven Rest Home 1 Carroll Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1300 Chis St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) GERTRUDE F. SWINGLE
4. DATE OF DEATH: (Month) (Day) (Year) 11 - 16 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Oct. 4, 1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ft. Ashby W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Fuss
14. MOTHER'S MAIDEN NAME: Hanna McClary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Ray L. Ahg 1300 Chis St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Acute Cardiac [illegible]
DUE TO
Antecedent cause(s) (b) Bronchial pneumonia, Chr Myocarditis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Arteriosclerosis & [illegible]

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to Nov 16, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 10 30 p.m., from the causes and on the date stated above.
SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS 3781 Oliver St N.W. DATE SIGNED 10/16/53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF 11/19/53 NAME OF CEMETERY ~~OR CREMATORY~~ Rock Creek LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 11-23-53 REGISTRAR'S SIGNATURE Francis Potter
24. FUNERAL DIRECTOR J. H. Hines Co, Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S.A15 8-51

RECEIVED
Bureau U. S.

RECEIVED
NOV
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1324

Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montg MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location) 4 Md, Ave,

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Nora (Last) Thompson

4. DATE OF DEATH: (Month) nov (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 11-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months 6 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Work
11. BIRTHPLACE (State or foreign country): Clarksburg, Md,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Horace Thompson
14. MOTHER'S MAIDEN NAME: Harriet Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Luther Thompson, Gaithersburg, Md,

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X
(a) Hypertensive - Cardio Vascular Disease — Interval Between Onset And Death: 3-4 years

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) as manifest by hypertension, cardiac enlargement, sudden congestive — 15 minutes
DUE TO (c) heart failure

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1953, to Nov. 28, 1953, that I last saw the deceased alive on Nov. 28, 1953, and that death occurred at 9 30 p.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Jack Schumacher M.D. ADDRESS Gaithersburg, Md. DATE SIGNED Nov. 30, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-2-53
NAME OF CEMETERY OR CREMATORY Hyattstown
LOCATION (City, town, or county) (State) Hyattstown Md,

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1953
REGISTRAR'S SIGNATURE Alfreda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
DEC 3 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 12 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 5713 Chillum Heights Drive

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Grey (Last) Tuttle Jr.
4. DATE OF DEATH: (Month) (Day) (Year) November 12 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: November 12, 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 12 Min. 21

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Grey Tuttle Sr.
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Richard G. Tuttle.Sr., Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625

Immediate cause (a) Prematurity, Immaturity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis DUE TO

(c)

Interval Between Onset And Death: 24 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 19 53, to Nov. 12, 19 53 that I last saw the deceased alive on Nov. 12, 19 53, and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE M. S. ALLEN, LT MC USNR (Degree or title) ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED November 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF November 16 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR November 14, 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

20X3242322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 ...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. X
LENGTH OF STAY (in this place) 13 Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monigomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg - X
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Wilma (Middle) Katherine (Last) Tyler.
4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1953.
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 4-1919.
9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Chas. Wilson.
14. MOTHER'S MAIDEN NAME: Anna Mason.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Husband. Oliver Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Uremia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio & Arteriolosclerotic Nephropathy — 2 years
DUE TO (c) Malignant Hypertension — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1953, to Nov. 27, 1953, that I last saw the deceased alive on Nov. 27, 1953, and that death occurred at 6:30 P.M. from the causes and on the date stated above.
SIGNATURE Robert G. Angle (Degree or title) M.D. ADDRESS 5009 Del Ray Ave Bethesda, Md. DATE SIGNED Nov. 25 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/1/53
NAME OF CEMETERY OR CREMATORY Emory Grove
LOCATION (City, town, or county) (State) Emory Grove Md
DATE REC'D BY LOCAL REGISTRAR 12/1/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1..3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11327

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington Grove
LENGTH OF STAY (in this place): 1 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington Grove
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Henry (Last) Vetter

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 11-1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 2 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired, Cabnet Builder, Carpender.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodstock Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Milton Vetter

14. MOTHER'S MAIDEN NAME: Alice Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Pauline Jay Vetter, WashingtonGrove Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute heart failure — Interval Between Onset And Death: 4 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carbut accident — 6 yrs
DUE TO (c) Diabtis — 6-10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May-3-1947, to Nov-21-1953, that I last saw the deceased alive on Nov-21-1953, and that death occurred at 11:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William E. Yoder, M.D. — ADDRESS: 7 Brookside, Gaithersburg, Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-28-53 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county): Gaithersburg. — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Nov 22, 1953 — REGISTRAR'S SIGNATURE: Ethel L Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. — ADDRESS: Gaithersburg. Md.

VS. 115

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND; LENGTH OF STAY (In this place) 9 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4003 Jasmon Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 4003 Jasmon Rd

3. NAME OF DECEASED (Type or Print): (First) ~~Carrie~~ May (Middle) Carrie (Last) Vinson

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 1-1883

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Dept Store

11. BIRTHPLACE (State or foreign country): Wash. DC 41

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm F. Falvey

14. MOTHER'S MAIDEN NAME: Eliz. Livesay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Melvin B. Vinson (son) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: Sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Boszhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Nov 11-1953; NAME OF CEMETERY OR CREMATORY Rockwood; LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11-11-53; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Williams & Sons ADDRESS Wash. D.C.

A15A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, md
LENGTH OF STAY (in this place) 2 Mo 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 114 11th st. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) (NMN) (Last) Wagner

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1953

5. SEX: male

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11-14 1870

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired printer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi Wagner

14. MOTHER'S MAIDEN NAME: Harriet Hyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: 579-12-3440

17. INFORMANT & ADDRESS: Pts. chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cirrhosis of Liver DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Alcoholism DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Large lt. inguinal hernia, senility

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 1953, to 11-11, 1953, that I last saw the deceased alive on 11-11, 1953, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul V. Starr M.D. ADDRESS Takoma Park, Md. DATE SIGNED Nov. 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/14/53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland md (State)

DATE REC'D BY LOCAL REGISTRAR Nov 12 1953 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 517 11th St S.E.

VS. 415

RECEIVED
NOV 16 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 18~~ 1130

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pooks Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; STREET ADDRESS (If rural give location) Pooks Hill Apt. 711

3. NAME OF DECEASED: (Type or Print) First HELEN (Middle) WESSEL (Last) WALL

4. DATE OF DEATH: (Month) Nov. (Day) 5, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 22, 1884

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR Months 9 Days; IF UNDER 24 HRS. Hours Min. 13

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ~~Louis J.~~ Wessel, Louis J.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clement Wessel- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
175 Immediate cause	(a) Hyperthermia & respiratory arrest	1 hr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DUE TO Carcinomatosis	3 mos
	(c) DUE TO Carcinoma of ovary	6 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27, 1953, to 11/5/, 1953, that I last saw the deceased alive on 11/5/, 1953, and that death occurred at 7:50AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stiphin R. Jones M D ADDRESS Rockville Md. DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11-7-53; NAME OF CEMETERY OR CREMATORY Monocacy; LOCATION (City, town, or county) Beallsville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11/7/53; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert M. Humphrey ADDRESS Bethesda, Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11731

Reg. Dist. No. 2-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Damascus
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 5 Mt. Airy

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Poplar Springs
STREET ADDRESS (If rural give location) RFD #5 Mt. Airy

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Virginia (Last) Warner

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 19, 1886

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown Mathews

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Victoria V. Gray, Washington, D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 42.2.1 (a) Arteriosclerotic cardiovascular disease — Interval Between Onset And Death: 15 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1953, to Nov. 13, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 5:00 A.M. from the causes and on the date stated above.

SIGNATURE James P. Kerr M.D. (Degree or title) ADDRESS Damascus, Md. DATE SIGNED 11/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 15, 1953
NAME OF CEMETERY OR CREMATORY Simpson Chapel
LOCATION (City, town, or county) (State) Poplar Springs Md.

DATE REC'D BY LOCAL REGISTRAR Nov 18 1953
REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

RECEIVED
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairway Hills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairway Hills, Md.
STREET ADDRESS (If rural, give location) 6203 Wagner Lane

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) E. (Last) WATKINS
4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 16, 1864
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ind.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Valentine Butt
14. MOTHER'S MAIDEN NAME Sarah Dowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Thomas S. Collier, 6203 Wagner Lane, Fairway Hills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

110X Immediate cause (a) Carcinomatosis, generalized — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma, left breast — 6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchiectasis, bilateral — 10 YEARS

19a. DATE OF OPERATION 1947
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma left breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1950, to Nov. 2, 1953, that I last saw the deceased alive on Nov. 1, 1953, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE Robert G. Angle (Degree or title) M.D. ADDRESS 5009 Del Ray Ave Bethesda, Md DATE SIGNED 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/4/53
NAME OF CEMETERY OR CREMATORY Potomac Cemetery
LOCATION (City, town, or county) (State) Potomac, Md.

DATE REC'D BY LOCAL REG. 11/3/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Cherry Cram Emmy Home ADDRESS 5103 Wis Ave Wash DC

RECEIVED
NOV 5 19
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds X
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) Blanch (Middle) (Last) Williams
4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1953
5. SEX female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH August 17, 1873.
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? USC
13. FATHER'S NAME George Palmer
14. MOTHER'S MAIDEN NAME Annie Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Beatrice Plummer Claughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) Extensive burns - entire body

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in burning home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING ☐) CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Boyds (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 30 PM 11-24-53 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Nearly cremated in house fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart MD
ADDRESS Gaithersburg Md
DATE SIGNED 11-29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-4-53
NAME OF CEMETERY OR CREMATORY Boyds
LOCATION (City, town, or county) (State) Boyds, Md

DATE REC'D BY LOCAL REG. Dec. 4, 1953
REGISTRAR'S SIGNATURE Chas. W. Elgin mdr
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville Md
ADDRESS

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11334

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) 3530 - 39th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Robert (Last) Wilson

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 9 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 1 Days 26 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Patrick Wilson

14. MOTHER'S MAIDEN NAME: Catherine Sweeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 233-16-3576

17. INFORMANT & ADDRESS: Mrs. Va. J. Wilson-Same Item #2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Thrombosis	10 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary sclerosis	10 yr.
	DUE TO (c) Hypertension Cardio Vascular Disease	20 yr.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Thrombosis Rt side	4 yr.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, 19..., to 15 Nov., 1953, that I last saw the deceased alive on 15 Nov., 1953, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE John S. Ball (Degree or title) M.D. ADDRESS 7936 Hungerford Rd Bethesda Md DATE SIGNED 15 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/18/1953 — NAME OF CEMETERY OR CREMATORY Parklawn — LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR 11/16/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md

NOV 15 1953

BUREAU V. S.

11335
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-15A-5-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7909 Sleaford Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural, give location) 7909 Sleaford Place

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) John (Last) WILSON
4. DATE OF DEATH (Month) Nov. (Day) 12 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 12, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 7 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Brewmaster-self
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Wilson
14. MOTHER'S MAIDEN NAME: Mary MacGregor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ethel W. Beizel-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

42.0.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) Hypertension — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bronhart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit
DATE THEREOF 11/13/1953
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) Ontario Co. New York

DATE REC'D BY LOCAL REG. 11/14/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

NOV 16

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **11336**

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X

LENGTH OF STAY (In this place) 17 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1930 Plyers Mill Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X

STREET ADDRESS (If rural give location) 1930 Plyers Mill Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) PAUL BRAHLER WINDOM

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 20 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	Sept. 8, 1912	41 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician at Naval Ordnance Lab.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Washington, D. C. 41

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Fred Windom

14. MOTHER'S MAIDEN NAME: Tillie Brahler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW #2

16. SOCIAL SECURITY NO.: 578-01-4318

17. INFORMANT & ADDRESS: Rubye H. Windom, 1930 Plyers Mill Rd., SS., Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma Colon with Generalized metastases

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death: 2 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1952

19b. MAJOR FINDINGS OF OPERATION Malignant Carcinoma Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1953, to Nov. 20, 1953 that I last saw the deceased alive on Nov. 20, 1953 and that death occurred at 1.10 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Jean V. Vinci M.D. ADDRESS 1130 Georgia Ave. S.S. DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/23/53

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Prince Geo. County, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 23/53

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Sumpter

ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11337

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10702 Douglas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY Luzerne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beaver Meadows
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Yankanish, Sr.

4. DATE OF DEATH: (Month) Nov (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Miner
11. BIRTHPLACE (State or foreign country): Austria Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Yankanish
14. MOTHER'S MAIDEN NAME: Eva Nieman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 179-07-2075
17. INFORMANT & ADDRESS: Mrs. Elsie Stoker (Daughter) Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4201

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29 1951, to Oct 30 1953, that I last saw the deceased alive on Oct 30 1953, and that death occurred at 7:10 P.m., from the causes and on the date stated above.

SIGNATURE Philip E. Jones M.D. (DEGREE OR TITLE) 9.8 ADDRESS Ellsworth Drive Silver Spring Md DATE SIGNED 11-1-53

23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial
DATE THEREOF 11/3/53
NAME OF CEMETERY OR CREMATORY St. Peters & Pauls Greek Cemetery
LOCATION (City, town, or county) (State) Coxeville, Carbon County, Pa.

DATE REC'D BY LOCAL REG. 11-2-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

RECEIVED
NOV 5 '13
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11338

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring — RURAL ✓
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2104 Belvedere Blvd.,Apt.#3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring ✓
STREET ADDRESS (If rural give location) 2104 Belvedere Blvd.,Apt. #3

3. NAME OF DECEASED: (Type or Print) (First) Stephanie (Middle) Jo Ann (Last) Yontz

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 17, 1949

9. AGE last birthday: 4 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va. ✓

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mark William Yontz

14. MOTHER'S MAIDEN NAME: Ruth Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mark William Yontz, 2104 Belvedere Blvd.,SS., Md.,Apt.#3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

351X

Immediate cause (a) Cerebral Palsy

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 4½ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Oxyuriasis infestation — 3 days

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1, 1953, to 11-15, 1953, that I last saw the deceased alive on 11-15, 1953, and that death occurred at App. 4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Morris Perry M.D. — ADDRESS 1102 Georgia Ave. Silver Spring — DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 11/18/53 — NAME OF CEMETERY OR CREMATORY: Rose Dale Cemetery — LOCATION (City, town, or county) (State): Martinsburg, West Va.

DATE REC'D BY LOCAL REGISTRAR: Nov. 6, 1953 — REGISTRAR'S SIGNATURE: Francis Sutter

24. FUNERAL DIRECTOR: Warner E. Dunphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. 15

RECEIVED
NOV 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11039

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 18 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairhaven Nursing Home I Carroll Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
~~5309 Hampden Lane~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5309 Hampden Lane.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Brownlee (Last) Young

4. DATE OF DEATH (Month) November (Day) 27, (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 15, 1860
9. AGE last birthday 92 yrs. If under 1 year: Months 11, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Fauldhouse, Scotland
12. CITIZEN OF WHAT COUNTRY? W. Britian

13. FATHER'S NAME Mr ? Monro
14. MOTHER'S MAIDEN NAME ~~Mr~~ ? Giffen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? — (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS 5309 Hampden Lane Wm. H. Young (son) Bethesda, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis, right.	24 hrs.
3?2X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalised	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1952, to Nov 27, 1953, that I last saw the deceased alive on Nov 26, 1953, and that death occurred at 5.00 a.m., from the causes and on the date stated above.

SIGNATURE Stewart Alaff (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED Nov 27 '53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11-30-53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville, Maryland (State)

DATE REC'D BY LOCAL REG. 11/30/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11340 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
STREET ADDRESS (If rural give location) 8611 Lancaster Drive

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) Ebaugh (Last) Zepp
4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1953
5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify):
8. DATE OF BIRTH: 9-20-88
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Saleslady
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Melchior Zepp
14. MOTHER'S MAIDEN NAME: Anne Trostle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Dorothy Taylor - 8611 Lancaster Dr. Bethesda

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Acute left ventricular failure — Interval Between Onset And Death 60 mins.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary artery disease — 4 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, ~~19~~, to Nov. 5, 1953, that I last saw the deceased alive on Nov. 5, 1953, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

SIGNATURE George A. Gray, Jr., M.D. (Degree or title) ADDRESS 104 Chevy Chase Dr. Chevy Chase Md. DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-9-53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/6/53 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey. ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
NOV 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11341

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1706 White Oak Drive X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X
STREET ADDRESS (If rural give location) 1706 White Oak Drive

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) William (Last) Zollinger

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/14/82

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Merchant - retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sandusky, Ohio 32

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William R. Zollinger

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Stutchfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Ruth J. Miller 1706 White Oak Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

162+

Immediate cause (a) Metastatic Cancer — 4 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Bronchiogenic Carcinoma — 18 mo.

DUE TO (c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952 to Nov. 12, 1953 that I last saw the deceased alive on Nov. 11, 1953 and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE John Rogers M.D. (Degree or title)

ADDRESS 1919 Lemay Rd, Silver Spring, Md.

DATE SIGNED Nov. 12 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial

DATE THEREOF 11/12/53

NAME OF CEMETERY OR CREMATORY West Lawn Cemetery

LOCATION (City, town, or county) Canton, Ohio (State)

DATE REC'D BY LOCAL REGISTRAR Nov 12, 1953

REGISTRAR'S SIGNATURE Frances Keller

24. FUNERAL DIRECTOR Warner E. Humphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

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NOV 16 1953
BUREAU V. S